MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

28235

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 100 — File No.
City Kansas City (No. Trinity Lutheran Hospital St. 3362 Ward) — Registered No.

2. FULL NAME Royetta Harvey
(a) Residence. No. 2831 Mercier St., 2 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30-1929

7. AGE: Years 2 — Months 2 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City, (STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Le Roy Harvey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Mary J. Osborne
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Mr. Le Roy Harvey
(Address) 2831 Mercier - K.C.Mo.

15. FILED 8/5, 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1931, to Aug 4, 1931, that I last saw h. w. alive on Aug 4, 1931, and that death occurred, on the date stated above, at 1135 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
107A
130 107A (duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) Acute nephritis
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 2831 Mercier
DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy symptoms etc
(Signed) Wm Sidney Spicer, M.D
8/5, 1931 (Address) 620 SW Blvd K.C.Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill — DATE OF BURIAL: Aug.6 - 1931.

20. UNDERTAKER: Gates Funeral Home — ADDRESS: K.C.Kans.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.