WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

22297

1. PLACE OF DEATH

24 County Clay — Registration District No. ~~30~~ 198

2 Township Fishing River — Primary Registration District No. 3011

4 City Excelsior Springs, Mo. (No. Veterans Hospital St. 3rd Ward)

File No. 98

Registered No.

2. FULL NAME HARRIS, Edward

(a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. St. Ward 2508 E. 14th St. Kansas City, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	colored	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	7	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. train porter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. train 245

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER

13. NAME William Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Ella Generals

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Veterans Hospital records Excelsior Springs, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE July 28 1932

19. UNDERTAKER (ADDRESS) Adkins Bros 2000 E. 12 St. C. Mo.

20. FILED 7/28 1932 Y. D. Craven Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1932, 19

22. I HEREBY CERTIFY, That I attended deceased from July 2, 1932, 19, to July 27, 1932, 19

I last saw him alive on July 27, 1932, 19 Death is said to have occurred on the date stated above, at 8:27 pm

The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

92 A
93 B 92 a

Other contributory causes of importance:

Mitral stenosis

Name of operation none Date of

What test confirmed diagnosis? exam. & obs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify unknown

(Signed) Saul Johnson, M. D.

(Address) Excelsior Springs, Missouri.