

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.

23049

2963

1. PLACE OF DEATH *Amund Park Hospital*  
County *Jackson* Registration District No. ....  
Township *Law* Primary Registration District No. ....  
City *Kansas City mo* (No. *Veruegard Park Hospital*) Registered No. ....  
Ward) .....

2. FULL NAME *Mary Harms*

(a) Residence, No. .... Ward. *Sweet Springs Mo*  
(Usual place of abode) *Sweet Springs mo* (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred / yrs. *1928* mos. .... ds. How long in U. S., if of foreign birth? yrs. .... mos. .... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <i>John C Harms</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>September 10-1873</i>		
7. AGE <i>58</i>	YEARS <i>10</i>	MONTHS <i>20</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>House Wife at Home</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>
10. Date deceased last worked at this occupation (month and year) .....		11. Total time (years) spent in this occupation .....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Saline Co mo</i> 1		
13. NAME <i>August Haasemeier</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i> 10		
15. MAIDEN NAME <i>Josie Clerking</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i> 1		
17. INFORMANT <i>John C Harms</i> (ADDRESS) <i>Sweet Springs mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Sweet Springs mo</i> DATE <i>August 1</i> 19 <i>32</i>		
19. UNDERTAKER <i>Gerde Harms</i> (ADDRESS) <i>Sweet Springs mo</i>		
20. FILED <i>7/30</i> 19 <i>32</i> <i>M. M. Crowe</i> <i>ant</i> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 30* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *July 22-* 1932, to *July 30* 1932.  
I last saw *her* alive on *July 28* 1932. Death is said to have occurred on the date stated above, at *3 a. m.*  
The principal cause of death and related causes of importance were as follows:  
*Perinatal Abrass*  
*134A*  
*134* ①  
*Nephros lithiasis* 1928

Name of operation *Wreage* Date of *7-27-32*  
What test confirmed diagnosis? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify .....

(Signed) *J. E. Sheldor*, M. D.  
(Address) *607 Crown Bldg.*

