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.

29273

1. PLACE OF DEATH Veterans' Administration Hospital 399
County Jackson — Registration District No. 1002 — File No. 3446
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City, Mo. (No. U.S. Veterans Hospt St. Ward)

2. FULL NAME FREELAND, Harry Huber — C-1 226 719 WOE
(a) Residence, No. Horton, Kansas. St., X Ward. Corp. Bug. Hq. Co. 12th U.S. Inf
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20, 1888

7. AGE — YEARS: 43 — MONTHS: 11 — DAYS: 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundryman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
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) Kansas

FATHER
13. NAME John T. Freeland
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Everest Kansas

MOTHER
15. MAIDEN NAME Jessie Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Mrs. Lillie Goolsby (sister) Horton, Kansas. (Shep)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Horton, Kans DATE 9-12-1932

19. UNDERTAKER (ADDRESS) Freeman Mortuary K. C. Mo

20. FILED Sept 12, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 14, 1932 to Sept. 11, 1932
I last saw him alive on Sept. 11, 1932 Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Generalized Peritonitis	Unknown

117B
124
117B

Other contributory causes of importance:

Duodenal Ulcer, Perforated	Unknown

Name of operation Incision and drainage of Peritonitis Date of 9-2-32
What test confirmed diagnosis Phys. Exam 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? No
If so, specify
(Signed) W. E. Chambers, M. D.
(Address) W. E. CHAMBERS, Med. Officer in Charge Vet. Adm. Hospital, Kansas City, Mo.