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.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 32552

Township Kaw — Primary Registration District No. 1002 — Registered No. 4083

City Kansas City (No. 1018 West 38th St. Ward)

2. FULL NAME J. Stanley Harbison

(a) Residence, No. 1018 West 38th St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Helen P. Harbison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby. 7, 1881

7. AGE: YEARS 51 — MONTHS 8 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Treasurer of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Harbison Inc. 259
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 City Missouri 1

FATHER

13. NAME: John S. Harbison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby County Kentucky 2

MOTHER

15. MAIDEN NAME: Susan Payne
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby County Kentucky

17. INFORMANT (ADDRESS): H. A. Parker 1018 West 38th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE Nov. 2 1932

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Road

20. FILED 11/1 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1932, to Oct 30, 1932

I last saw him alive on Oct 30, 1932. Death is said to have occurred on the date stated above, at 8 P. m.

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

Cirrhosis of Liver — Date of onset Indefinite

124B — 124B

Other contributory causes of importance: ~~[illegible]~~ (1)

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Partial

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) C. E. Coburn, M. D.

(Address) Kansas City, Kansas

4/30