

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

Do not use this space.

20023

File No.
Registered No. **2753**
St. Ward)

1. PLACE OF DEATH
County Jackson Registration District No.
Township Law Primary Registration District No.
City Kansas City (No. 3017) Holly St. Ward)

2. FULL NAME Helmy Harris
(a) Residence, No. 3017 Holly St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yr. mos. ds. How long in U. S., if of foreign birth? yr. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♂ 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jan. 29, 1930

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29, 1930

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>3</u>	<u>5</u>	<u>1</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

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) K. C., Mo

FATHER

13. NAME Albert L. Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Mexico

MOTHER

15. MAIDEN NAME Margaret Miller

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

17. INFORMANT Albert Harris
(ADDRESS) 3017 Holly

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 7/3

19. UNDERTAKER Stathins Bros
(ADDRESS) 1729 Olive

20. FILED July 3 1933 Mrs. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/30 1933

22. I HEREBY CERTIFY, That I attended deceased from 6/29 1933 to 6/30 1933, 1933
I last saw her alive on June 29, 33 Death is said to have occurred on the date stated above, at 7:10 P.M.
The principal cause of death and related causes of importance were as follows:

Whooping cough
87A
Spastic paraplegia
Birth.

Date of onset 8-10 days

Other contributory causes of importance

Name of operation Hyster + 7 Date of 7/3/33
What test confirmed diagnosis? Hyster + 7 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) J. P. [Signature] M. D.
(Address) 123 So. [Address]

7/3/33

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.

FORM RESERVED FOR BINDING

Mr M^d Cormack 2855 S. H. Blvd.