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

Do not use this space.

26720

1. PLACE OF DEATH

48

County Jackson — Registration District No. 404 — File No.

Township Washington — Primary Registration District No. 5558 — Registered No. 47

City K.C.Mo. (No. 8212 Highland St. Ward)

2. FULL NAME Elba Barton Harris

(a) Residence. No. 8212 Highland St., Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 25, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	63	0	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retail Coal Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James Harris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Caroline Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Mary Harris
(Address) 8212 Highland, K.C.Mo.

15. FILED Aug 12 1933. Fred R. Lindsey Sub REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-10-1933

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1932, to Aug-10, 1933 that I last saw h.r. alive on Aug-10, 1933, and that death occurred, on the date stated above, at 5:10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Angina Pectoris

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo H. Jones, M.D.

8/10/33 19 (Address) 80 & Paseo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Forest Hill	8-12-33 19

20. UNDERTAKER	ADDRESS
R.V.Lindsey & Sons, Inc.	K.C.Mo.

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.

SEP 26 1933

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