MAR 24 1934

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

Do not use this space.

4881

603

1. PLACE OF DEATH
County JACKSON — Registration District No. — File No.
Township ~~KAW~~ — Primary Registration District No. — Registered No.
City KANSAS CITY (No. 3437 PASEO BLVD. - 3RD FLOOR St. ..... Ward)

2. FULL NAME MRS LAURA HARRINGTON
(a) Residence, No. 3437 - PASEO BLVD St. ..... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
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 WARREN W. HARRINGTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY-19-1874 5

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	8	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) MUSKEGAN (STATE OR COUNTRY) MICHIGAN

FATHER
13. NAME UNKNOWN RATTY
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANCE

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MR. WARREN W. HARRINGTON (ADDRESS) 3437 - PASEO BLVD

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE FEBRUARY 10, 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 2-8, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1933, to Feb 7, 1934
I last saw her alive on February 7, 1934. Death is said to have occurred on the date stated above, at 11:44 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Left Ventricular failure	
93C (chronic myocarditis)	
(sudden death)	
97	
102	

Other contributory causes of importance:
Hypertension
(arterio-sclerosis)

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Max Friedman, M. D.
(Address) Med Arts Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1014 Medical Arts Bldg
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