

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.

NOV 13 1934

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

Do not use this space.

36155

4658

1. PLACE OF DEATH

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Kansas City Mo. (No. 3217 E 19th) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mrs. Lena L. Harding

(a) Residence, No. 3217 East 19th st. 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 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 Wayne B Harding

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct I 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 30 17 19

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. at home  
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 Kas

MOTHER FATHER  
13. NAME David Morrow  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER FATHER  
15. MAIDEN NAME Elizabeth Cummins  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alexander Mo

17. INFORMANT Wayne B Harding  
(ADDRESS) 3217 East 19th KCMO

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Cem DATE Oct 22 1934

19. UNDERTAKER Simmons & Son  
(ADDRESS) KCK

20. FILED 10-20 1934 aman Crowe  
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 13 1934 to Oct 19 1934

I last saw her alive on Oct 19 1934 Death is said to have occurred on the date stated above, at 4:30 p. m.

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

Bronchopneumonia Date of onset Oct 12

93c  
107R ↑ 130

Other contributory causes of importance:  
Chronic Myocarditis

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical 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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) WR Justice \_\_\_\_\_, M. D.  
(Address) 1539 Lister Av.

