

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

Do not use this space.

MAR 20 1935

5402

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Townshp. East Primary Registration District No. 1002  
 City Kansas City (No. Wheatley Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 593

**2. FULL NAME**

(a) Residence, No. 2127 Florida St., \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mack Harris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sep. 26, 1900</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>4</u>
	DAYS <u>14</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation.
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cropper Co. Mo.</u>		
MOTHER	13. NAME <u>Wm. Hergins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Mack Harris</u> <u>2127 Florida</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Nelson Mo.</u> DATE <u>2-15</u> 19 <u>35</u>		
19. UNDERTAKER <u>Adkins Bros.</u> <u>2000 E. 12th</u>		
20. FILED <u>2/14</u> 19 <u>35</u> M. M. <u>Crowson</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10/35 1935

22. I HEREBY CERTIFY that the decedent deceased from \_\_\_\_\_, 1935  
 I last saw him \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_, 1935. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Acute Perforated Appendicitis  
Acute Peritonitis  
 Other contributory causes of importance:  
20 12  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ as there an \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1935  
 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) \_\_\_\_\_, M. D.  
 (Address) \_\_\_\_\_

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

488  
109

2025

31  
31

Wife

~~2 bro. Benne. 11/18/2014 Post  
Ernest Fulton - 2230 Brooklyn~~

~~Aunt - Effie Gates -~~

~~Cousin Stella Davis~~

~~Cousin Clara Beasley~~

~~40 da. W. Beasley~~

~~Radcliff Motor Co.~~

---