

NOV 20 1935

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

Do not use this space.

25910-3

1. PLACE OF DEATH

County Clay
Township Gallatin
City No. Kansas City, Mo.

Registration District No. 197
Primary Registration District No. 5276A

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. John Norman Harris
(Usual place of abode) No. Kansas City, Mo. Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. L. Wilson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 16-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 8 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Platte Co Mo.

MOTHER FATHER
13. NAME Norman Harris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ny

15. MAIDEN NAME Mary J. Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co, Mo.

17. INFORMANT (ADDRESS) Mrs. Chas. Hall
Kansas City - Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bany Mo. Cem. DATE Aug 31, 1935

19. UNDERTAKER (ADDRESS) Monten Funeral Home
No. Kansas City, Mo.

20. FILED 8-30 1935 Viola C. Mayer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h..... alive on _____, 19____. 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:

Coronary occlusion
and suddenly - while
sitting in chair Date of onset _____

Other contributory causes of importance Arterio Sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Catherine Wyong Registrar
(Address) Clay Co Liberty 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.

