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 25 1935

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

Do not use this space.

26598

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 3348
City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Edwin Harvey
(a) Residence, No. 16 East 32nd Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Mrs. May Harvey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 12, 1881

7. AGE: YEARS 53 — MONTHS 11 — DAYS 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Auto Livery
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) (STATE OR COUNTRY): Kansas

FATHER
13. NAME: Thomas C. Harvey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

MOTHER
15. MAIDEN NAME: Mary Morgan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

17. INFORMANT (ADDRESS): Mrs. Mary Harvey, 16 East 32nd Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Aug. 26, 1935

19. UNDERTAKER (ADDRESS): Freeman Mortuary & Chapel, Kansas City, Missouri

20. FILED Aug 25, 19 M. M. Crowe, Asst Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 19, to Aug. 23, 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 9:18 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Automobile Traumatism | |
| Pedestrian | |
| Crushing Injury & Chest | |
| Hemo-Pneumothorax | |
| Other contributory causes of importance: | 200 |

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? Accident Date of injury 8/20/35, 19
Where did injury occur? 31st & Troost KCMO (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Strict
Manner of injury Automobile Accident
Nature of injury Crushing Injury Chest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W. Kerr, M. D.
(Address) KCMO