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.

OCT 2 2 1935

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

Do not use this space.

29555

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township ~~Kaw~~ Primary Registration District No. 1002

City Kansas City (No. 1441, Indep. Ave St. Ward)

File No.

Registered No.

2. FULL NAME Sallie Burn Harrison

(a) Residence, No. 1441 Independence Ave., 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 Marion Harrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1855

7. AGE: Years 80 | Months 3 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY) Missouri

FATHER

13. NAME James Burns

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

MOTHER

15. MAIDEN NAME Elize McHealy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT May Harrison
(ADDRESS) 1440 Independence Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation Elm. DATE Sept 13 1935

19. UNDERTAKER Wagner Funeral Home
(ADDRESS) 204 W. Linwood

20. FILED Sept 13 1935 Nion Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11, 35 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 2 1935 to Sept 11 1935 19

I last saw her alive on Sept 11 1935 Death is said to have occurred on the date stated above, at 2:00P m.

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

Chronic Myocarditis
with Heart failure 2 wks
P.G.

Date of onset

Other contributory causes of importance:
Degenerative changes
Old age

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) J. V. Bell, M. D.
(Address) 1132 Independence Ave Kc Mo.

Professional Vi 4231