JAN 23 1936

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

Do not use this space.

39733

1. PLACE OF DEATH

County JACKSON — Registration District No. 399 — File No.

Township RAW — Primary Registration District No. 1002 — Registered No. 4870

City KANSAS CITY (No. 3221-EAST-11TH St. Ward)

2. FULL NAME HARRY J SERVAES

(a) Residence, No. 3221-EAST-11TH St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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): SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB-13-1900

7. AGE: 35 YEARS 10 MONTHS 9 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. OFFICE CLERK

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MISSOURI PACIFIC R.R.

10. Date deceased last worked at this occupation (month and year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KANSAS CITY MISSOURI

FATHER

13. NAME WILLIAM H. SERVAES

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

MOTHER

15. MAIDEN NAME CATHERINE MORTON

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

17. INFORMANT (ADDRESS) MISS AGNES SERVAES 3221-EAST-11TH ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. ST. MARY'S. DATE DECEMBER 26, 1935

19. UNDERTAKER (ADDRESS) D.W. NEWCOMER'S SONS 2111-EAST 9TH ST.

20. FILED Dec. 23, 1935 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 22 1935

22. I HEREBY CERTIFY, That I attended deceased from 12/1, 1934 to 12/22, 1935

I last saw him alive on 12/22, 1935 Death is said to have occurred on the date stated above, at 3:00 P.m.

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

Chronic Nephritis — Date of onset 7/1/34

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Other contributory causes of importance:

Acute Myocarditis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) D R Russell, M. D.

(Address) 3231-E-11 St.

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.

3011 a Independence Ave
2-4:30