APR 23 1936

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

Do not use this space.

10759

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002 — File No.
City Kansas City, Mo (No. 4404 St. John St. [illegible] Ward) — Registered No.

2. FULL NAME Mrs. Frank H. Harnsberger
(a) Residence, No. 4404 St. John St., 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: William A. Harnsberger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 26, 1853

7. AGE: Years 82 — Months 5 — Days 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Illinois

FATHER
13. NAME: Howard Harlan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Byers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): William A. Harnsberger, 4404 St. John

18. BURIAL, ~~CREMATION,~~ OR ~~REMOVAL~~
PLACE: Union Cemetery DATE: Mar. 19, 1936

19. UNDERTAKER (ADDRESS): R. V. Lindsey & Sons, 3811 Broadway

20. FILED 3-17, 1936 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar. 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 1st, 1920, to March 16th, 1936
I last saw her alive on March 16th, 1936. Death is said to have occurred on the date stated above, at 11:50 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	3-12-36
Chronic Cholecystitis	1-1-20
Neuritis	

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Other contributory causes of importance:
Chronic Cholecystitis deformans
Neuritis

Name of operation: None — Date of: —
What test confirmed diagnosis? Obviously — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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) Geo. M. Gray, M. D.
(Address) Kansas City, Kansas

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.

Dr. [illegible]
Huron Rd
30 m