WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

NOV 16 1936

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

Do not use this space.

37763

File No.
Registered No. 1658

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township — Primary Registration District No. 1002
City Kan. City (No. 2600 Lydia Capital St. Ward)

2. FULL NAME Reeves Harris
(a) Residence, No. 3001 Main St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 31 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18 1882

7. AGE: Years 54 | Months 2 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. waiter
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) Kan.

FATHER
13. NAME Reeves Matt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Sherman Mary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT K.C.M.B. Hosp.
(ADDRESS) Linda Stratton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Floral Hills DATE Oct 20 1936

19. UNDERTAKER Curl & Sohn Co
(ADDRESS) 720 W. Linwood

20. FILED Oct 19, 1936 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-17, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1936, to Oct-17, 1936
I last saw h. alive on Oct-16, 1936. Death is said to have occurred on the date stated above, at 2 15 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
pulmonary tuberculosis	

Other contributory causes of importance?
Lues.

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) [illegible] M. D.
(Address) Kansas City Mo