

MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Jackson

Registration District No.

399

File No.

6255

Township

Law

Primary Registration District No.

1002

Registered No.

City

Kansas City, Mo.

St. Joseph

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

James H. Harleman

Length of residence in city or town where death occurred

43

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

(If nonresident, give city or town and State)

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

Margaret Harleman

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

Oct 16 - 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

48

3

18

OCCUPATION

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

Brush Polisher

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

8

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

Mo.

MOTHER FATHER

13. NAME

John Harleman

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

Mo.

15. MAIDEN NAME

Katherine Bashor

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

Ill.

17. INFORMANT (ADDRESS)

Mrs. Margaret Harleman
121 No Brookside K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Forest Hill Pl.

DATE

Feb 6, 37

19. UNDERTAKER (ADDRESS)

Morton Funeral Home
No. Kansas City Mo.

20. FILED

2/4

1937

M. M. Osborne

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb - 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from

1/26, 1937, to 2/4, 1937

I last saw him alive on 2/3, 1937. Death is said

to have occurred on the date stated above, at.....m.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Coryza

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

What test confirmed diagnosis? Cholesterol 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?.....

If so, specify.....

(Signed) D. Williams M.D.

(Address) 10307 Indip Ave. K.C. Mo.

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.

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