

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

Do not use this space.

15187

**MAY 15 1937**

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 1002  
 City Kansas City (No. 3228 E., 29th) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1733

**2. FULL NAME** Miss Bertha Marion Harlan

(a) Residence, No. 3228 E. 29th St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single  
(write the word)

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** April 9, 1937

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

**22. I HEREBY CERTIFY**, That I attended deceased from Apr 7, 1937, to Apr 9, 1937

I last saw him alive on Apr 9, 1937. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Cerebral Hemorrhage Date of onset 4-7-37

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** April 19, 1883

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 11 20

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

**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)** Denver Colo.

John

Other contributory causes of importance:

Arteriosclerosis - (Hemiplegia) 4-7-35

**13. NAME** John W. Harlan

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Randolph County Mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**15. MAIDEN NAME** Effie Lou Tinsley

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Shelbyville Kentucky

**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.

**17. INFORMANT** John Howard Harlan  
 (ADDRESS) 3228 E. 29th

**18. BURIAL, CREMATION, OR REMOVAL PLACE** Mt. Wash. **DATE** April 13 1937

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

**19. UNDERTAKER** D.W. Newcomer's Sons  
 (ADDRESS) \_\_\_\_\_

**20. FILED** Apr 13 1937 M.M. - Grows  
 Registrar.

**24. Was disease or injury in any way related to occupation of deceased?** \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. S. Heldon, M. D.  
 (Address) 922 Walnut

K.S. Wisc

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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Commerce Bldg.

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