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.

SEP 21 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. 29688

Township Kaw — Primary Registration District No. 1002 — Registered No. 3882

City Kansas City (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Mrs. Mary Bates Harms

(a) Residence, No. 5528 Woodland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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 Gordon J. Harms

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8, 1906

7. AGE: 35 — YEARS: 31 — MONTHS: 7 — DAYS: 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Salt Lake City Utah

FATHER

13. NAME Lewis J. Bates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nortonville Kansas

MOTHER

15. MAIDEN NAME Katarine O'Neil
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenfield Ind.

17. INFORMANT (ADDRESS) Gordon J. Harms 5528 Woodland

18. BURIAL, CREMATION, OR REMOVAL PLACE Nortonville, Kan. DATE 8-11 37

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

20. FILED 8-9 1937 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937, to Aug 8, 1937. I last saw her alive on Aug 8, 1937. Death is said to have occurred on the date stated above, at 10:05 P.M. The principal cause of death and related causes of importance were as follows:

Date of onset

Caesarean Section

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Other contributory causes of importance:

Toxemia plus Surgical shock.

Name of operation Caesarean Section Date of Aug 8.

What test confirmed diagnosis? — Was there an autopsy? yes

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) E. K. Gentry, M. D.

(Address) 724 Argyle / K.C. Mo.

Argyle Bldg.