SEP 21 1937

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

Do not use this space.

29747

1. PLACE OF DEATH
County Jackson
Township Kaw Kaw
City Kansas City Mo. (No. 1321 Armour Bldv. St. Ward)
Registration District No. 309
Primary Registration District No. 002
File No.
Registered No.

2. FULL NAME Robert HARMAN.
(a) Residence, No. 1321 Armour Bldv. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1911
7. AGE YEARS 25 MONTHS 10 DAYS — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Silk Hosiery Co.
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) Sedan Kansas.

FATHER
13. NAME Robert L. Harman.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Sallie Dyer.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia.

17. INFORMANT (ADDRESS) Robert L. Harman. Sedan Kansas.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Sedan Kansas DATE Aug. 15, 1937
19. UNDERTAKER (ADDRESS) Mellody-McGilley K. C. Mo.
20. FILED 8-14, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14-37, 19
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:
Coarctation of Aorta
Status thymicolymphaticus
Date of onset

Other contributory causes of importance:
67

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy 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) Russell W. Bo..., M. D.
(Address) K. C. Mo.

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.

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