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.

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

Do not use this space.

1470

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 158

City Kansas City (No. St. Luke's Hospital St. Ward)

2. FULL NAME Spencer Francis Harris 620

(a) Residence, No. 1010 West 56th St., Ward. (If nonresident, give city or town and State)
(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.

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 Anne Allen Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1, 1877

7. AGE: YEARS 60 — MONTHS 5 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

FATHER

13. NAME Wm. W. Harris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER

15. MAIDEN NAME Eleanor McCoy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Anne Allen Harris (Wife) 1010 West 56th St., Kansas Cy., Mo

18. BURIAL, ~~CREMATION OR REMOVAL~~ Mt. Washington Cem.
PLACE Kansas City, Mo DATE Jan. 11, 1938

19. UNDERTAKER (ADDRESS) Stine & McClure Kansas City, Missouri.

20. FILED Jan 12, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from May, 1932 to Jan. 10, 1938
I last saw him alive on Jan. 8, 1938. Death is said to have occurred on the date stated above, at P. m. 3:20
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	1/10/38
94a	
Other contributory causes of importance:	
Coronary Thrombosis	1922
Angina Pectoris	
Cardiac Asthma	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No.
If so, specify .....
(Signed) H. P. Boughman, M. D.
(Address) 1032 Prof. Bldg. K. C. Mo.

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