

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

Do not use this space.

28289

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Kaw Primary Registration District No. 3002
 City Kansas City (No. Kansas City Club) St. _____ Ward _____

File No. 3417
 Registered No. 3417

2. FULL NAME

Harry J. Diffenbaugh

(a) Residence, No. Kansas City Club St. / 1 Ward.

(If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from August 7, 1931, to August 7, 1931
 I last saw him alive on August 7, 1931. Death is said to have occurred on the date stated above, at 12:18 A. M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 71

Date of onset

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

Arteriosclerosis 1931
Cardiac incompetence
cardiac dilatation 1931
chronic nephritis
hypertension 1931

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.

Other contributory causes of importance:
pericarditis - capsitis
heart hypertrophy
general edema

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

13. NAME not known

Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholesterol Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) E. P. Prange, 1402 Boardwalk, Kansas City

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Dwight, Ill DATE _____ 19____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

19. UNDERTAKER (ADDRESS) Stuef & McClure, 317 1/2 Milligan, Kansas City, Mo

(Signed) Randall S. Melue, M. D.
 (Address) 1132 Professional Bldg

20. FILED 8-10-31 M. J. [unclear] Registrar.

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

Gray. P. 1. 1898