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

Do not use this space.

1079

1. PLACE OF DEATH

County Jackosn — Registration District No. — File No. 117

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

City Kansas City (No. , 6007 McGee St. St. Ward)

2. FULL NAME Harry K. Weems

(a) Residence, No. 6007 McGee St. St., 8 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Matilda Weems

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	10	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman 172

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J.W. Jenkins Music Co.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 33

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo. 1

FATHER

13. NAME George W. Weems

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland 2

MOTHER

15. MAIDEN NAME Anna M. Alderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Natches, Miss.

17. INFORMANT (ADDRESS) Mrs. Matilda Weems 6007 McGee St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles, Mo. DATE 1-13-32, 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary Kansas City, Mo.

20. FILED Jan 22, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1932, to Jan 11, 1932

I last saw him alive on Jan 11, 1932. Death is said to have occurred on the date stated above, at 2 P m.

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

	Date of onset
Gastric ulcer, perforating	1-11-32
117a	
Other contributory causes of importance: Gastric ulcer	Oct. '37

Name of operation none Date of –

What test confirmed diagnosis? – 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 – (1)

Nature of injury –

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) E. W. Slusher, M. D.

(Address) 806 Rialto Bldg KC Mo