

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

Do not use this space.

18191

**1. PLACE OF DEATH**

County..... Jackson ..... Registration District No..... 399  
Township..... Kaw ..... Primary Registration District No..... 1002  
City..... Kansas City (No. Lakeside Hospital)

File No.....  
Registered No. 2203  
St. 2203 (Ward)

**2. FULL NAME**

Willabel Hadden  
Lakeside Hospital

(a) Residence. No. 4 Ward. (If nonresident give city or town and State)  
(Usual place of abode) Wymore, Mo  
Length of residence in city or town where death occurred yrs. 6 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 Charles Hadden

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
26 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Nurse  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

139B  
129A  
129

9. BIRTHPLACE (CITY OR TOWN) Nebraska City  
(STATE OR COUNTRY) Nebraska

10. NAME OF FATHER Ernest D. Bennett  
New York

11. BIRTHPLACE OF FATHER (CITY OR TOWN)  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mabel Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
(STATE OR COUNTRY) Nebraska

14. INFORMANT Ernest D. Bennett  
(Address) Wymore Nebraska

15. FILED June 3, 27 M. M. Comroe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-3 1927

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1927, to June 3, 1927 that I last saw him alive on July 3, 1927, and that death occurred, on the date stated above, at 11 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

acute Prostatitis  
(duration) yrs. mos. ds. 2 0 0

CONTRIBUTORY (SECONDARY) Chronic Prostatitis following child birth 3 1/2 yrs ago  
(duration) yrs. mos. ds. 3 0 0

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 30 / 27  
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clement Symptom  
(Signed) George J. Conley M. D.

6/3, 1927 (Address) Lakeside Hotel

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nebraska City Nebraska DATE OF BURIAL 6 - 5 1927

20. UNDERTAKER O. V. Mast ADDRESS 1915 D 15

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.



cated by check marks, lacking from the death certificate:

Name: \_\_\_\_\_

*Willabel Hadden*

Who died at: \_\_\_\_\_

*Kansas City Mo. on June 3, 1927.*

Residence: No. \_\_\_\_\_

St. \_\_\_\_\_

(If nonresident, city or town)

Length of residence in city or

town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: *Acute Peritonitis*

*(Chronic Pyosarcinosis (Doubtful))*

Contributory: *Chronic Neuritis*

*following child birth 3½ years ago.*

Where was disease contracted? \_\_\_\_\_

Did operation precede death? *Yes* Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_ What test confirmed diagnosis? \_\_\_\_\_

16/18-5