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.

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

Do not use this space.

33722

File No. .....

Registered No. 4492

1. PLACE OF DEATH
County Jackson
Township Kansas
City Kansas City Mo (No. 503 E. 6th St. Ward)
Registration District No. 399
Primary Registration District No. 1008

2. FULL NAME Hallie Watkins
(a) Residence. No. 503 E. 6th St., Ward.
(Usual place of abode) (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

3. SEX: Female
4. COLOR OR RACE: negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16, 1896
7. AGE: Years 31 | Months 9 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic 96
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo

PARENTS
10. NAME OF FATHER Hanson Hastings
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo
12. MAIDEN NAME OF MOTHER Susan Lindell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo

14. INFORMANT Geo. Williams
(Address) 503 E. 6th

15. FILED 11/25 1927 M. M. Crane
Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 24 1927, to Nov 20 1927, that I last saw he alive on Nov 21 1927 and that death occurred, on the date stated above, at 4:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ruptured aneurism of arch of aorta

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) [illegible]
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
11/25/27 (Signed) R. C. Gillett, M. D.
(Address) 120 Ridge Blvd

*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: Peacehaven Cemetery | DATE OF BURIAL 11-28 1927
20. UNDERTAKER: [illegible] | ADDRESS 1502 Troost

W H Griffith
1275 Rialto Bldg