

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

Do not use this space.

20407

1. PLACE OF DEATH

County Jackson  
Township Springdale  
City Springdale

Registration District No. 318

Primary Registration District No. 309

File No. H59

Registered No. H59

(No. Springdale Baptist Hospital St. Ward)

2. FULL NAME

(a) Residence. No. 1701 W. Webster St., Ward  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P.H. Whaliev

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
54 | 8 | 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(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) Mo.

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT (Address) P.H. Whaliev  
1701 W. Webster St.

15. 6-21-28 October 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/19 1928

17. I HEREBY CERTIFY That I attended deceased from 4/18, 1928, to 6/19, 1928, that I last saw her alive on 6/19, 1928, and that death occurred, on the date stated above, at 12 noon.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
173 Surgical wound  
in abdomen  
(murdered)

CONTRIBUTORY (SECONDARY) 199 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF BIRTH, Mo.

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 6/18/28  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J.F. Freeman, M.D. 6/29, 1928 (Address) Springfield Mo

\*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.

PLACE OF BURIAL, CREMATION, OR REMOVAL East Lawn CEMETERY DATE OF BURIAL 6-22-28

20. UNDERTAKER Haruk ADDRESS W. Haruk

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.

