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.

35773

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4314
Township Kaw — Primary Registration District No. 3 — Registered No. 4314
City Kansas City (No. St. Lukes Hospital St. ..... Ward)

2. FULL NAME Mary Hannah Happer
(a) Residence. No. 6814 Main St., 8 Ward. Chicago, Ill.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 7 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 John Happer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 28, 1891

7. AGE — YEARS 37 — MONTHS 2 — DAYS 25 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(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) Kansas

PARENTS
10. NAME OF FATHER Louis F. Martin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Addie M. Hubbard
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill.

14. INFORMANT John Happer
(Address) 2 or 111th Pl. Chicago, Ill.

15. FILED 10/24, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept, 1928, to Oct 23, 1928, that I last saw her alive on Oct. 23, 1928, and that death occurred, on the date stated above, at 2 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicemia
Chemolytic streptococcus
50
36 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Cancer of the breast
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 29th, 28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Blood culture
(Signed) E. D. Twyman, M. D
Oct 24, 1928 (Address) 1812 Fed Res Bk Bldg K.C.

*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 Forest Hill — DATE OF BURIAL 10/25/1928

20. UNDERTAKER Freeman Mortuary — ADDRESS 424 Baltimore

Dr. Elmer Gregory