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

Do not use this space.

12863

1. PLACE OF DEATH
County: Jackson — Registration District No.: 35[illegible]
Township: Kaw — Primary Registration District No.: 16
City: Kansas City (No. Research Hospt St. ..... Ward)
File No.: [illegible]
Registered No.: [illegible]

2. FULL NAME: Mildred E. Hanna
(a) Residence. No. 3543 Bellefontaine St. 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 6 yrs. 1 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert P. Hanna

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 16, 1892

7. AGE: Years 38 — Months 3 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

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): 115B 36
(c) Name of employer: 130

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belton Mo.

PARENTS
10. NAME OF FATHER: Dr Ewing S Moad
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Stella Berry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind.

14. INFORMANT: Robert P. Hanna
(Address) 3543 Bellefontaine

15. FILED 4/24, 1930 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1930 to Apr 23 1930 that I last saw her alive on Apr 23 1930, and that death occurred, on the date stated above, at 1.30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uraemia: secondary to acute nephritis which follows Bacteraemia which has its origin in infected teeth
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): 128
(duration) ..... yrs. 3½ mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: 3543 Bellefontaine Kansas City
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Franklin C. Murphy, M. D.
4/24, 1930 (Address) Kansas City 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Belton, Mo. — DATE OF BURIAL: Apr 25 1930

20. UNDERTAKER: S. H. Newcomer's Sons — ADDRESS: K C Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD