

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

Do not use this space.

10242

399

**1. PLACE OF DEATH**

County Jackson  
Township Van  
City Kansas City

Registration District No. \_\_\_\_\_  
Primary Registration District No. 1002  
(No. Kansas City General Hosp St. \_\_\_\_\_ Ward)

File No. \_\_\_\_\_  
Registered No. 1516

**2. FULL NAME**

(a) Residence. No. 6234 E 17th St., 17 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 18 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Claud Hardin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>34</u>	<u>1</u>	<u>19</u>	

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) 225  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Mo.

**PARENTS**

10. NAME OF FATHER Richard Southard

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

12. MAIDEN NAME OF MOTHER Nettie Cooper

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Illinois

14. INFORMANT Reverend Clark  
(Address) K.C. General Hospital

15. FILED 3/31 1931 M. M. Crowe  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-30 1931

17. I HEREBY CERTIFY That I attended deceased from 3-15, 1931, to 3-30, 1931 that I last saw her alive on 3-30, 1931, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Relic cellulitis with Peritonitis (mesenteric in origin)  
145A (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? Yes (1)

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) P. P. Willes, M. D.  
3-30, 1931 (Address) Dept K. C. Gen. Hosp

\*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 \_\_\_\_\_ DATE OF BURIAL April 1 1931

20. UNDERTAKER W. Washington  
Prozet Henderson City

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.

MARKED RESERVED FOR BINDING

