

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS 147
CERTIFICATE OF DEATH

Do not use this space.

18140

1. PLACE OF DEATH

County Jackson
 Township New
 City Kansas City (No. Gen Hoop # 2)

Registration District No. 399
 Primary Registration District No. 100

File No. 2281
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1007 Euclid St., 2 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF Robert Hardy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-3-1908
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 — 13

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Unemployed
 (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) Crescent City, Ala

10. NAME OF FATHER Elijah Woods

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

12. MAIDEN NAME OF MOTHER Laura Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Record Clerk
 (Address) General Hoop # 2

15. FILED 3/20/31 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-16-31

17. I HEREBY CERTIFY, That I attended deceased from 4-26-31 1931
 to 5-16-31 1931
 that I last saw her alive on 5-16-31, 1931, and that death occurred, on the date stated above, at 11:10 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertension & embolism
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Abortion (therapeutic)
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 1007 Euclid

IF AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
 (Signed) D. Miller M. D.

5717 . 1931 (Address) General Hospital #2

*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 Blue Bidge Lawn DATE OF BURIAL 5-21-31

20. UNDERTAKER H. B. Wood ADDRESS # 20 E 18

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

