

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

Do not use this space.

8517

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township New Primary Registration District No. 1002
City Kansas City (No. 1321 East 10th St.)

File No. _____
Registered No. 1098
St. _____ Ward _____

2. FULL NAME

Mrs. Leolene Hairline
(a) Residence, No. 1321 E 10 St. 2 Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
6. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF Luther Hairline

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS 53 MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. fancy work, 28
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. had roomers
10. Date deceased last worked at this occupation (month and year) Mar 1, 1932 11. Total time (years) spent in this occupation 4 years

12. BIRTHPLACE (CITY OR TOWN) Terre Haute (STATE OR COUNTRY) Ill

13. NAME Johnson

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Ill

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

17. INFORMANT C. Adrian Hairline (ADDRESS) Blandinville Ill.

18. BURIAL, CREMATION, OR REMOVAL ill. PLACE Blandinville DATE Mar 18 1932

19. UNDERTAKER Vernett V. Roberts (ADDRESS) Blandinville, Ill.

20. FILED 3/16 1932 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH Pues

21. DATE OF DEATH (MONTH, DAY, AND YEAR) found March 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

acute
99B
99 (7)

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis autopsy Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Harley M. Hall, M. D.
(Address) 12 Yorkstone

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.

