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

Do not use this space.

File No. 1599 / 329

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No.

Township — Primary Registration District No.

City Kansas City (No. St. Marys Hospital St. Ward)

2. FULL NAME Mrs. Hattie Raymond

(a) Residence, No. 2929 Fairmount St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 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 Mr. Wesley Raymond

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 1906

7. AGE: Years 26 — Months 2 — Days — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Michael Shudlarek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polland

MOTHER

15. MAIDEN NAME Annie Velosky

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

17. INFORMANT (ADDRESS) Mr. Wesley Raymond, 2929 Fairmount

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Claud, Minn. DATE ...19...

19. UNDERTAKER (ADDRESS) Gates Funeral Home, Kansas City, Kansas

20. FILED 1-21, 1933 M. M. Agnew, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1933, to Jan 20, 1933

I last saw her alive on Jan 19, 1933. Death is said to have occurred on the date stated above, at 3 A m.

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

	Date of onset
Broncho pneumonia	1/17/33
Pertonitis	
General Septicemia	
following stone therapy	

Other contributory causes of importance: none

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? no

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? no

If so, specify

(Signed) Dr. L. Engelmann, M. D.

(Address) 1515 E. 23 and Blue Springs

1/30/33

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.

Mc Cormick