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.

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

Do not use this space.

5832

1. PLACE OF DEATH

48 County JACKSON — Registration District No. 399 — File No.

Township KAVY — Primary Registration District No. 1002 — Registered No. 784

10 City KANSAS CITY (No. 3207-EAST-69TH St. Ward)

9 2. FULL NAME MRS. HAZEL GERTRUDE WILLIAMS

(a) Residence, No. 3207-EAST-69TH St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 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 CLAUDE FRANCIS WILLIAMS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER-31-1904

7. AGE: YEARS 28 — MONTHS 3 — DAYS 15 — 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. AT HOME
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) ADRIAN (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME CHARLES MILLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MR. CLAUDE FRANCIS WILLIAMS (ADDRESS) 3207-EAST-69TH ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE ADRIAN, MISSOURI DATE FEBRUARY-16 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) KANSAS CITY, MISSOURI

20. FILED 2-16, 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEBRUARY-15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1933, to Feb 15, 1933

I last saw her alive on Feb 15, 1933 Death is said to have occurred on the date stated above, at 10:00 A.m.

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

	Date of onset
Puerperal Septicaemia	2/28/1933
following abortion on Jan	23/33

Other contributory causes of importance: Hemorrhage 1 month preceded the Curetage.

Name of operation Curetage Date of Jan 23/33

What test confirmed diagnosis? Placental Debris 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) S. W. Fair, M. D.

(Address) 404½ W 75 K.C. Mo

West 75th St.

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