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

Do not use this space.

9527

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1125

Township Kaw — Primary Registration District No. 1008 — Registered No.

City Kansas City (No. Trinity Lutheran Hospital St. Ward)

2. FULL NAME Mrs. Violette Sieleman

(a) Residence, No. 204 Seminary St., 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 John Sieleman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 29 1901

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
31	3	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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 Alexander Hazlitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Florence Kelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (ADDRESS) John Sieleman 204 Seminary

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shawnee Kansas DATE Mar 8 1933

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED 3/7 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-15, 1933, to 3-6, 1933

I last saw her alive on 3-5, 1933. Death is said to have occurred on the date stated above, at 5:40 A M

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

Puerperal Septicemia — Date of onset 3-14-33

ASA 1450

Other contributory causes of importance: normal delivery full term

Name of operation — Date of —

What test confirmed diagnosis? Physical finding Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no 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) [signature], M. D.

(Address) Rosedale Kansas

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.

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