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

Do not use this space.

16643

JUN 19 1934

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 2002

Township Kaw — Primary Registration District No. 1082 — Registered No.

City Kansas City, Mo. (No. 615 East 40th St. St. Ward)

2. FULL NAME Mrs. Hattie Andrews,

(a) Residence, No. 615 East 40th St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. C. Andrews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	60	1	5	

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) Carrolton, Ill.

FATHER

13. NAME Noah Curnett

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

MOTHER

15. MAIDEN NAME Jane Simms

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

17. INFORMANT Mr. C. C. Andrews (ADDRESS) 615 East 40th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 5-7 1934

19. UNDERTAKER R. V. Lindsey & Sons, Inc. (ADDRESS) 3811 Broadway

20. FILED May 5, 1934 M M Crowe Apr Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 4, 1934, to May 4, 1934

I last saw her alive on May 4 1934 P.M. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Carcinoma stomach — Date of onset 10 mos ago

408 Limitis Plastica

535 type

Other contributory causes of importance:

Glandular Metastasis

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) [signature], M. D.

(Address) 1016 Perf Bldg 14 C, Tenn