

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

Do not use this space.

16720

1. PLACE OF DEATH

County Jackson
Township Knox
City Kansas City (No. 4718)

Registration District No. 309
Primary Registration District No. 1000

File No. _____
Registered No. 6005
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4118 Montzall St. Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry E. Hallie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1881

7. AGE YEARS 52 MONTHS 10 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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) Iowa

13. NAME Wm. Walters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

15. MAIDEN NAME Anna Steberg

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

17. INFORMANT (ADDRESS) Harry E. Hallie
4118 Montzall, av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Moriah DATE May-10-34

19. UNDERTAKER (ADDRESS) Mrs. E. L. Forster
28 Broadway, av.

20. FILED May 10, 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1934, to May 7, 1934
I last saw her alive on May 7, 1934. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Chronic lymphatic leukemia Date of onset _____
720
Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? B. Count 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) Frank E. Talle, M. D.
(Address) Overland Park, Kans.

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.

JUN 19 1934

Overland Pk

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office - 8007 Overland Pk
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Frank