

SEP 25 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

26404

1. PLACE OF DEATH

County Jackson

Township Kaw

City Kansas City, Mo. (No. Trinity Lutheran Hospital)

Registration District No. 399

Primary Registration District No. 1002

File No. 5557

Registered No. 5557

St. Indep. Ward Mo.

2. FULL NAME

(a) Residence, No. 2510 Overton

St. Indep.

Ward Mo.

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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Robt. W. Hanley

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

Mar. 7, 1901

7. AGE

YEARS

34

MONTHS

4

DAYS

29

If LESS than 1 day, ... hrs. or min.

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)

Okla.

FATHER

13. NAME

William Whitaker

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

Unknown

MOTHER

15. MAIDEN NAME

Mary Russell

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

Unknown

17. INFORMANT (ADDRESS)

Robt. W. Hanley, 2510 Overton, Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Washington

DATE

Aug. 8-35

19. UNDERTAKER (ADDRESS)

C. H. Blackman & Son, Inc., 2825 Indep. Blvd. K. C. Mo.

20. FILED

Aug 8, 1935

M. M. Crowe

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 6

1935

22. I HEREBY CERTIFY, That I attended deceased from

December

1934

to

Aug 6

1935

I last saw h. e. alive on Aug 6 1935 Death is said

to have occurred on the date stated above, at 9:15 P. M.

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

Hemorrhage with
circulatory collapse
following version to extraction
14 1/2

Date of onset

Aug 4

Aug 6

Other contributory causes of importance:

Pregnancy with Placental
Prævia/Marginalis

Dec 1934

Name of operation

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

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)

John M. Payers

M. D.

(Address)

3322 E. 27th St.

RECEIVED

BY

DATE

RECEIVED

RECEIVED

RECEIVED

RECEIVED