

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

Do not use this space.

6602

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Blaw Primary Registration District No. 1002
 City Kansas City (No. Wheatley Prot. Hosp.) St. 931 Ward)

2. FULL NAME Hattie Mae Moreman
 (a) Residence, No. 1214 Vine St., _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7, 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>35</u>	<u>6</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hairdresser

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/22, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1937, to July 22, 1937.
 I last saw her alive on July 21, 1937. 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:

Empyema of Gall Bladder

Other contributory causes of importance: 121 Pentonitis

Name of operation Cholecystotomy Date of 7/17/37
 What test confirmed diagnosis? clinical Was there an autopsy? No

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newport Arkansas

13. NAME Lafayette Moreman

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

15. MAIDEN NAME Carrie Carter

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

17. INFORMANT (ADDRESS) Carrie Hillis 1214 Vine

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Lincoln Cem. 7/25 37

19. UNDERTAKER (ADDRESS) Hatkins Bros 1729 Lydia

20. FILED 7/24 1937 M. W. Brown Registrar.

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) J. P. Perry, M. D.
 (Address) 1214 Vine St.

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.

OCCUPATION
FATHER
MOTHER

