APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 9376
Township Kaw — Primary Registration District No. 1002 — Registered No. 1032
City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME Hattie A. Jeter
(a) Residence, No. 3028 Agnes 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

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 Orville C. Jeter

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21, 1876

7. AGE: YEARS 61 — MONTHS ✓ — DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

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) Saxony Germany

FATHER
13. NAME Waldemar Meischner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Caroline Erdmann
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) V. L. Jeter 4311 Chestnut, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Raymore Mo DATE 3/3 1937

19. UNDERTAKER (ADDRESS) E. K. Geoms & Sons Belton Mo.

20. FILED 3/2 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/25, 1937, to 3/1, 1937
I last saw her alive on Mar 1, 1937. Death is said to have occurred on the date stated above, at 6:05 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/24/37

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Other contributory causes of importance:
Acute upper respiratory infection

Name of operation none Date of ✓
What test confirmed diagnosis? Clinical & Post 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? no
If so, specify
(Signed) D. D. Edmonds, M. D.
(Address) 4800 Ex 4th St. K. C. Mo.

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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