

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence

Registration District No. 398
Primary Registration District No. 3019
(No. Indep. Sanitarium)

File No. 30864
Registered No. 282
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1001 East Walnut St. _____ Ward _____

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16 - 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 19 0 12

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

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) Independence Mo.

13. NAME William H. Hefflin

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

15. MAIDEN NAME Norris Edmonson

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

17. INFORMANT Tena Baker (ADDRESS) 1001 E. Walnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE 8/31/37

19. UNDERTAKER H. B. Bargar (ADDRESS) Indep. Mo.

20. FILED 9-2-1937 F. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 28 -, 1937, to Aug 28 -, 1937

I last saw h. or a. alive on Aug 28, 1937. Death is said to have occurred on the date stated above, at 10 P. m.

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

Septicemia (Streptococci) Abortion (Date of onset 3 days)
(Septic metritis)

Other contributory causes of importance:
Abortion (History indefinite - 3 - (dec))

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? homicide Date of injury about 8-2-37
Where did injury occur? unknown, K. C. Mo.
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Induced abortion
Nature of injury method unknown

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. G. Coulby M.D. (By R. J. G. Coulby M.D.)
(Address) Independence 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.

