

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.

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

Do not use this space.

DEC 20 1937

40373

1. PLACE OF DEATH
County Jackson Registration District No. 1
Township Kaw Primary Registration District No. 30
City Kansas City, Mo. (No. 4413 Windsor St. 4008 Ward)

2. FULL NAME Mrs. Mildred Ann Haislip 1002
(a) Residence, No. 4028 Garfield St., Ward. (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. S. Haislip
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1857
7. AGE YEARS 80 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 19-37 1937
22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1937 to Nov 19 1937
I last saw h. or alive on Nov 18 1937 Death is said to have occurred on the date stated above, at 5:50 m. AM
The principal cause of death and related causes of importance were as follows:

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

Other contributory causes of importance:
Chronic hypertensive nephritis
Date of onset 1857
131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME Robt. Howell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Harper
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation Chronic hypertensive nephritis Date of
What test confirmed diagnosis? Clinic Was there an autopsy? no

17. INFORMANT Leslie Haislip
(ADDRESS) 420 N. Van Brunt Blvd. K.C. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Nov. 22 1937
19. UNDERTAKER C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.
20. FILED 11-22 1937 M.M. Cravel 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? No
If so, specify
(Signed) Fred H. Evans, M. D.
(Address) 520 Ogden

1285 Van Ness