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

Do not use this space.

REC'D OCT 18 1939

31605

1. PLACE OF DEATH
County Jackson
Township Raw
City Kansas City, Mo. (No. 3307, Michigan St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No. 3703

2. FULL NAME Hattie E. Haight
(a) Residence, No. 3307 Michigan Ave., Kansas City, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ---------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 8-1895
7. AGE: YEARS 44 MONTHS 2 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House-work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): 5-39
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenridge Mo

FATHER
13. NAME: Spencer D. Haight
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER
15. MAIDEN NAME: Etta Scofil
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't. Know

17. INFORMANT (ADDRESS): Mr. Brewster 4184 Agnes Kansas City, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Green Ridge Mo. DATE Sept 24, 1939
19. UNDERTAKER (ADDRESS): Jos. A. Butler & Son K.C.K.
20. FILED Sept 22, 1939 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 22, 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to Sept. 22, 1939
I last saw her alive on Sept. 22, 1939 Death is said to have occurred on the date stated above, at 1 A m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia — Date of onset 9/17/39
826
Other contributory causes of importance:
Cerebral Hemorrhage
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....
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) D R Russell, M. D.
(Address) 3231 E. 11 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.

WHITE PEARNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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