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

SEP 26 1927

Do not use this space.

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1. PLACE OF DEATH
County Buchanan — Registration District No. — File No.
Township — Primary Registration District No. — Registered No. 847
City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME Bertha Jane Allen

(a) Residence. No. St. Ward. King City, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 3 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: Ervin O. Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July, 10, 1891

7. AGE — Years: 36 — Months: 1 — Days: 0 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): King City, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER: William H. Hale
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mahogany Ky.
(STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER: Alice Oliver
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Buchanan
(STATE OR COUNTRY) Ill.

14. INFORMANT: E. O. Allen
(Address): King City, Mo.

15. FILED AUG 13 1927, 19.....
REGISTRAR: John [illegible]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug, 10, 1927 19

17. I HEREBY CERTIFY, That I attended deceased from Aug. 6, 1927, to Aug. 10, 1927, that I last saw h.. alive on Aug. 10, 1927, and that death occurred, on the date stated above, at 5.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cholecystitis
Peritoneal Adhesions with Partial
Intestinal Obstruction 12 20

(duration) yrs. Several days mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal Obstruction

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? King City, Mo.
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Aug. 7 - '27
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Clinical Symptoms
(Signed) Earl Potter, M.D.
Aug. 11, 1927 (Address) 731 Faraon St. Joseph

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Auburn Cemetery
DATE OF BURIAL: Aug, 13, 1927

20. UNDERTAKER: Walter Meierhoffer
ADDRESS 1302 Faraon St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state all facts and information should be carefully supplied.