WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

33585

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1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 25
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Trinity Lutheran Hosp St. Ward)

2. FULL NAME McKibben Mrs. Bertha
(a) Residence. No. Miami-Oklahoma 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. 4 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: Jake McKibben
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 7 1890
7. AGE: 38 YEARS — MONTHS: 6 — DAYS: 3 — 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): Quapaw
(STATE OR COUNTRY): Okla
PARENTS
10. NAME OF FATHER: Solom Quapaw
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Quapaw
(STATE OR COUNTRY): Okla
12. MAIDEN NAME OF MOTHER: Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Dont know
(STATE OR COUNTRY):
14. INFORMANT: Jake McKibben
(Address): Quapaw, Okla.
15. FILED 10/10, 1928 M. M. Crowe Assn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 10 1928
17. I HEREBY CERTIFY, That I attended deceased from Oct 6, 1928, to Oct 10, 1928 that I last saw her alive on Oct 10, 1928, and that death occurred, on the date stated above, at 4:15 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Not Puerperal or Gonococcus
Bilateral Salpingitis
Tubo-Ovarian Abscess
Streptococcus Bilateral
(duration) yrs. 17 mos. ds.
CONTRIBUTORY (SECONDARY): Pulmonary Embolism
(duration) yrs. mos. 1 ds.
18. WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? home
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Oct 10/28
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John H. Ogilvie, M. D
10/10, 1928 (Address) 1002 Argyle

*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: Miami, Okla — DATE OF BURIAL: 10/11 1928
20. UNDERTAKER: Freeman Mortuary — ADDRESS: 104 W. 42nd St