

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

Do not use this space.

37171

**1. PLACE OF DEATH**

County Jackson  
Township Kan  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 4828  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Fenton Bertha  
(a) Residence No. 1820 Broadway St. 3 Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-13-1907

| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 |         |
|--------|-----------|----------|-----------|----------------|---------|
|        |           |          |           | day, hrs.      | or min. |
|        | <u>21</u> | <u>3</u> | <u>17</u> |                |         |

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Seamstress  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER George Brick

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ind.

12. MAIDEN NAME OF MOTHER Sadie Campbell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

14. INFORMANT Veard Clark (Address) Kansas City Genl Hosp

15. FILED 11/30/28 M. M. Croome REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-30 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-14, 1928, to 11-30, 1928 that I last saw him alive on 11-30, 1928, and that death occurred, on the date stated above, at 7:25 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Pulmonary Tuberculosis  
31 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? And Lab Findings  
(Signed) P. E. Williams, M. D.

11/30, 1928 (Address) Subt 700 Genl Hosp

\*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**

Laredo- Mo

DATE OF BURIAL Nov 30 1928

**20. UNDERTAKER**

A. P. Doehler

ADDRESS 1415 E 15

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.

