

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

Do not use this space.

40752

**1. PLACE OF DEATH**

County.....Jackson.....  
Township.....KAW.....  
City.....Kansas City..... (No. 2904 Forest Avenue)

Registration District No. 399  
Primary Registration District No. 1002

File No. 5128  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Bertha Lorraine Mizner

(a) Residence. No. 2904 Forest Avenue St. Y Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 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 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 Culver Mizner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27, 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	24	6	16	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(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) Missouri

10. NAME OF FATHER W. W. Hatch

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

12. MAIDEN NAME OF MOTHER Nor known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Not known

14. INFORMANT Culver Mizner  
(Address) 2904 Forest Avenue

15. FILED 12/14/28 M. M. Brown  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 13 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 12 1928 to Dec 13 1928 that I last saw her alive on Dec 13 1928, and that death occurred, on the date stated above, at 5:45 P.m.

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

Influenza  
11-17 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

CONTRIBUTORY (SECONDARY) Pharyngitis & Septicemia  
seen that (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED home

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Lab smears & phys  
(Signed) Frank DeLong, M.D.  
12/14, 1928 (Address) 302 W. 1st St.

\*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 Prowning. Mo DATE OF BURIAL Dec 14 1928

20. UNDERTAKER R. V. Lunday & Sons ADDRESS San Cely Mo

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.

Dr. H. H. ...  
303 ...