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

Do not use this space.

1507

48 10 9

1. PLACE OF DEATH
County Jackson — Registration District No. 349
Township Kan — Primary Registration District No. 1002
City K.C. Mo. (No. 3509 W. 9th Ave St. Ward)
File No. 505
Registered No.

2. FULL NAME Bertha L Dumblazier

(a) Residence. No. 3509 W. 9th St., 9 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fe	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Chas. Dumblazier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20 1875

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
53	10	19	

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)
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER Geo. W. Hale
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ills.
12. MAIDEN NAME OF MOTHER Mary Haley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

14. INFORMANT Chas. Dumblazier
(Address) 3509 W. 9th Ave

15. Filed Jan 9, 1929 W. M. Conkle Registrar
asn

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 9 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1929, to Jan 9th, 1929, that I last saw h.. alive on Jan 9th, 1929, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho Pneumonia

IIA
1378

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) La Grippe - weak heart

(duration) yrs. mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) J. L. Robinson, M. D
1-9 1929 (Address) 570 Altman Bldg

*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	DATE OF BURIAL
Table Grove, Ills	Jan 10, 29
20. UNDERTAKER	ADDRESS
Mrs. C. L. Foster	K.C. Mo.

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.

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

MARGIN RESERVED FOR BINDING

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