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

Do not use this space. 1573

File No. [illegible]
Registered No.

1. PLACE OF DEATH
County Jackson
Registration District No. 399
Township Kaw
Primary Registration District No. 1002
City Kansas City (No. Brookside Hotel St. Ward)

2. FULL NAME Mrs Alice Blossom Doggett
(a) Residence. No. Brookside Hotel 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX: Female; 4. COLOR OR RACE: white; 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow	16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 12 1929
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred S. Doggett	17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1928, to Jan 12, 1929, that I last saw her alive on Jan 12, 1929, and that death occurred, on the date stated above, at 5:30 A.m.
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9 - 11 - 1850	THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic myocarditis
7. AGE: Years 78, Months 2, Days 1; If LESS than 1 day, ...hrs. or ...min.	920 / 97 (duration) yrs. 1 mos. ds.
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	CONTRIBUTORY (SECONDARY) Arterio sclerosis (duration) yrs. mos. ds.
9. BIRTHPLACE (CITY OR TOWN) Oswego (STATE OR COUNTRY) New York	18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
PARENTS — 10. NAME OF FATHER Geo. W. Blossom	Did an operation precede death? Date of
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Oswego (STATE OR COUNTRY) New York	Was there an autopsy? What test confirmed diagnosis?
12. MAIDEN NAME OF MOTHER Elizabeth Allport	(Signed) [illegible] Griffith, M. D. 1/12, 1929 (Address) [illegible] Bldg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scrib Corners (STATE OR COUNTRY) New York	*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.
14. INFORMANT Justin D. Bowersock (Address) 641 East 45th St	19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Elmwood Cemetery; DATE OF BURIAL 1/14 1929
15. FILED 1-13 1929 M. M. [illegible] asst REGISTRAR	20. UNDERTAKER Stine & McClure U. Co.; ADDRESS 3235 Gillham Plaza

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.

THIS IS A PERMANENT RECORD

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