

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

Do not use this space.

18314  
2359

1. PLACE OF DEATH  
 County Jackson Registration District No. 303  
 Township Kaw Primary Registration District No. 10  
 City Kansas City (No. General Hospital #2) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Bertha Roberts  
 (a) Residence. No. 809 E 18 st St. 4 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**

3. SEX F 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED M (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sept 1 1894  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
34 8 21  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work House Wif  
 (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) Miss  
 10. NAME OF FATHER Harry Durnell  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miss  
 12. MAIDEN NAME OF MOTHER Unknown  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Miss

14. INFORMANT F. J. Roberts  
 (Address) 809 E 18 st  
 15. FILED 5/22 29 M. M. Crowe  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-21-29  
 17. I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 105-2 m.  
 18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
131  
97 Chronic Interstitial Nephritis  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) arteriosclerosis  
 (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRAICTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY yes  
 WHAT TEST CONFIRMED DIAGNOSIS autopsy  
 (Signed) H. C. Crowe M. D.  
5/24/29 (Address) Deputy Coroner  
 \*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 Highland DATE OF BURIAL 5/23 1929  
 20. UNDERTAKER H. B. Moore ADDRESS 1820 E 8

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.

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