

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

Do not use this space.

16050

399

**1. PLACE OF DEATH**

County Jackson Registration District No. 1002  
 Township Jean Primary Registration District No. 1002  
 City Kansas City (No. Kansas City Gen Hosp St. 13 Ward)

File No. \_\_\_\_\_  
 Registered No. 1438

**2. FULL NAME**

Bertha Barkdoll  
 (a) Residence. No. 3535 Euclid St. 13 Ward. [Signature]  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 25, 1874</u>		
7. AGE	YEARS	MONTHS
	<u>55</u>	<u>7</u>
		<u>11</u>
	IF LESS than 1 day, ..... hrs. or ..... min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Dressmaking</u> (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) Michigan

PARENTS	10. NAME OF FATHER <u>Poster Lahr</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>
	12. MAIDEN NAME OF MOTHER <u>Don't know</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>

14. INFORMANT Reverend Clerk  
 (Address) Kansas City Gen Hosp

15. FILED 5/7, 1930 M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1930  
 17. I HEREBY CERTIFY, That I attended deceased from 4-15, 1930, to 5-6, 1930 that I last saw her alive on 5-6, 1930 and that death occurred, on the date stated above, at 10:10 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis  
93c  
112 (duration) ..... yrs. .... mos. .... ds.  
 CONTRIBUTORY Bronchial asthma (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY?  
 WHAT TEST CONFIRMED DIAGNOSIS Allen & Lindner  
 (Signed) R. B. Williams M. D.  
5-6, 1930 (Address) Sept 7 C. Gen. 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 Forest Hill Cem DATE OF BURIAL 5/7/30  
 20. UNDERTAKER Greenman Mortuary ADDRESS 104 W 42nd

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.

