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

Do not use this space.

16126

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 2130
City Kansas City (No. St Josephs Hospt St. 73rd Ward)

2. FULL NAME Florathel Berlinger
(a) Residence. No. 4809 Roanoke St., 7th Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Jerome Berlinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	24	4	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife 1393
(b) General nature of industry, business, or establishment in which employed (or employer) 12
(c) Name of employer 1228

9. BIRTHPLACE (CITY OR TOWN) Chicago
(STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER (Dont Know) Richardson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Helen Hayes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY)

14. INFORMANT Jerome Berlinger
(Address) 4809 Roanoke

15. FILED 5/12, 19 30 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 11 1930.

17. I HEREBY CERTIFY, That I attended deceased from Apr 26, 1930, to May 11, 1930 that I last saw her alive on May 11, 1930, and that death occurred, on the date stated above, at 8:05 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peritonitis and paralytic ileus following acute obstruction which followed a left salpingectomy and appendectomy.
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

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18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 26, 1930
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs & autopsy
(Signed) Leon Rosenwald, M. D.
5/12, 19 30 (Address) 928 Argyle 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
Rose Hill	May 13 1930
20. UNDERTAKER	ADDRESS
Julian R Davidson	3024 Troost

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.