

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 339 File No. 39915  
 Township Haw Primary Registration District No. 1002 Registered No. 4923  
 City Kansas City (No. Revard Hospital St. 3rd Ward)

**2. FULL NAME**

Carrie Kramer Allegro  
 (a) Residence, No. 3027 Forest St. 1st Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 19 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Barney M. Allegro

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
52 2 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa. 2

13. NAME Morris M. Kramer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

15. MAIDEN NAME Matilda Gehline

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) B. M. Allegro  
3027 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Philadelphia Pa DATE Dec 24, 1932

19. UNDERTAKER (ADDRESS) Carroll-Devision  
3027 Forest

20. FILED 1/23 1932 M. Grove  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1932, to Dec 20, 1932  
 I last saw her alive on Dec 20, 1932. Death is said to have occurred on the date stated above, at 7:20 AM.  
 The principal cause of death and related causes of importance were as follows:

Diabetes - var of amt  
uric acid  
coma  
59  
59  
95  
 Other contributory causes of importance: Cardio Vascular Involvement  
Cardiac Collapse

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? ✓ Was there an autopsy NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ✓ Date of injury ✓, 19\_\_\_\_  
 Where did injury occur? ✓ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓  
 Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify ✓  
 (Signed) Paul Perry M. D.  
 (Address) Bo 27 Forest Ave

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.

