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.

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

SEP 20 1934

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 29381
Township Kaw — Primary Registration District No. 1002 — Registered No. 3798
City Kansas City (No. 3661 Madison St. Ward)

2. FULL NAME Mrs. Dorothy M. Allen
(a) Residence, No. 3661 Madison St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ----------

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/28/1843

7. AGE: YEARS 91 — MONTHS 4 — DAYS 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) England

FATHER
13. NAME John Young
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Margaret Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Mr. John C. Allan, 3661 Madison, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 8/15/34, 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary, Kansas City, Mo.

20. FILED 8/14, 1934 M. M. Crowe asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13 '34, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-9 1934, to 8-13, 1934
I last saw her alive on 8-13, 1934. Death is said to have occurred on the date stated above, at 5 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heat Exhaustion	8-9-34
131	306
936	
191	

191

Other contributory causes of importance:
Chronic myocarditis
Chronic nephritis several years

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) J. W. Hallberg M. D.
(Address) 818 Medical Art Bldg. K.C. Mo.