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

APR 26 1935

Do not use this space.

9215

File No.

Registered No. 11661

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township: ~~KANSAS~~ Primary Registration District No. 1002

City KANSAS CITY (No. 3917, SCARRITT St. Ward)

2. FULL NAME MRS. MARY LOUISE ALLEN

(a) Residence, No. 3917 SCARRITT St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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*): WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF ALONZO H. ALLEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV-16-1856

7. AGE: YEARS 78 | MONTHS 4 | DAYS 1 | 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) MEADVILLE
(STATE OR COUNTRY) MISSOURI

FATHER

13. NAME SETH BOTTS

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) TENNESSEE

MOTHER

15. MAIDEN NAME UNKNOWN HARVEY

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

17. INFORMANT MRS. L. F. ALEXANDER
(ADDRESS) 3917 SCARRITT

18. BURIAL, CREMATION, OR REMOVAL
PLACE MEADVILLE, MO. DATE MARCH 19, 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS.
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED Mch 18, 1935 M. M. Crowe Asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1932, to March 17, 1935

I last saw ~~him~~ alive on March 15, 1935. Death is said to have occurred on the date stated above, at 7:25 Am.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	1932
Arterio Sclerosis	1930

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy? 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) Albert Lieberman M. D.

(Address) 1002 PROFESSIONAL BLDG.

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.

1002 Professional Bldg.
10:30:-4