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.

JAN 23 1936

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

Do not use this space.

39695

File No. 4837

Registered No.

**1. PLACE OF DEATH**

County Jackson — Registration District No.

Township Kaw — Primary Registration District No.

City Kansas City, Mo. (No. 2635 Askew St. Ward)

**2. FULL NAME** Mrs. Bertha Ellen Allen

(a) Residence, No. 2635 Askew St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 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) |
|---|---|---|
| F | W | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don A. Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 16, 1886

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 49 | 3 | 5 | |

OCCUPATION

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.

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): Missouri

FATHER

13. NAME: Geo. B. Michaels

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

MOTHER

15. MAIDEN NAME: Ollie Musser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Don A. Allen, 2635 Askew, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany, Mo. DATE Dec. 23-35

19. UNDERTAKER (ADDRESS): C. H. Blackman & Son, Inc. 2825 Indep. Blvd. K.C.Mo.

20. FILED 12-21, 1935 M. M. Crowe, Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 21-35, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1935, to Dec 21-3, 1935

I last saw her alive on Dec 20, 1935. Death is said to have occurred on the date stated above, at 3 AM m.

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

| | Date of onset |
|---|---|
| Cancer of uterus about | 2 years |
| Other contributory causes of importance: | |
| Inanition | 6 weeks |

Name of operation Hysterectomy, Date of about 2 years ago

What test confirmed diagnosis? Biopsy of uterus tissue 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) Owen Kruger, M. D.

(Address) 220 Argyle Bld

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