

MAR 17 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5001

1. PLACE OF DEATH

County CassRegistration District No. 156Township HarrisonvillePrimary Registration District No. 4090City Harrisonville

(No. _____)

St. _____ Ward _____

2. FULL NAME Thressia Bernice Allen

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 18 - 1904

7. AGE YEARS 31 MONTHS 9 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Harrisonville Mo.
(STATE OR COUNTRY)

13. NAME John T. L. Jackson

14. BIRTHPLACE (CITY OR TOWN) Pleasant Hill Mo.
(STATE OR COUNTRY)

15. MAIDEN NAME Annie Gilliam

16. BIRTHPLACE (CITY OR TOWN) Harrisonville Mo.
(STATE OR COUNTRY)

17. INFORMANT Alvord Allen
(ADDRESS) Harrisonville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant Cemetery DATE 7/6

19. UNDERTAKER Rummenburg
(ADDRESS) Harrisonville Mo.

20. FILED Feb 6 1936 C. M. Griffith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3 1936

I HEREBY CERTIFY, That I attended deceased from Jan 31 36 to Feb 3 36
I last saw her alive on Feb 3 1936 Death is said

to have occurred on the date stated above, at 11:00 P.M.
The principal cause of death and related causes of importance were as follows:

Peritonitis following
Cesarian operation
Date of onset Jan 31

Other contributory causes of importance:

Name of operation Cesarian Date of Jan 31
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) B. M. Grebeck M. D.
(Address) Harrisonville Mo.

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