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.

AUG 24 1936

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

Do not use this space.

26634

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. ..... St. Marys Hospital St. ..... Ward)
Registration District No. 399
Primary Registration District No. 10021
File No.
Registered No. 3305

2. FULL NAME Margaret Hallock Allen
(a) Residence, No. 1027 Armstrong Kansas City Kansas
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
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 John Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25 - 1876
7. AGE YEARS 60 MONTHS 4 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Springfield Ill.

FATHER
13. NAME Harry Du Bose
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known to informant

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mrs. Samuel R. Garvin 1037 Armstrong, K.C. Ks.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Hope KCKs. DATE July 18 1936
19. UNDERTAKER (ADDRESS) Fairweather & Werner Kansas City Kansas
20. FILED July 16 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1936

22. I HEREBY CERTIFY That I attended deceased from July 1 —, 1936, to July 16 —, 1936
I last saw her alive on July 16 —, 1936 Death is said to have occurred on the date stated above, at 2:10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Sigmoid.	
46	

Other contributory causes of importance:
Anuria following Colostomy

Name of operation Colostomy Date of July 11th
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?
If so, specify
(Signed) Max Goldman, M. D.
(Address) Prof. Bldg. K.C. Mo.