

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. St. Mary's Hospital)

File No. 9696
Registered No. 2000
St. 2000 Ward

2. FULL NAME

Hannah Alalia Klein

(a) Residence, No. 542 Park St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph E. Klein

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
35 50 11 11

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) Missouri13. NAME C. E. DeVinney14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Dorothy McNamee16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT Joseph E. Klein
(ADDRESS) Independence, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo DATE March 23rd, 193719. UNDERTAKER Stine & McClure
(ADDRESS) 3235 Gillham Plaza20. FILED Mar 23 1937 M. McNamee
Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 193722. I HEREBY CERTIFY, that I attended deceased from March 1, 1937, to March 21, 1937

I last saw her alive on Mar 21, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Acute suppurative cellulitis of right H buttock
34

Other contributory causes of importance:
Acute Toxic Hepatitis
Acute Toxic Nephritis
Leucemia

Name of operation none Date of What test confirmed diagnosis? yes Was there an autopsy? yes23. 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? noIf so, specify (Signed) H. H. McNamee, M. D.(Address) 1003 Thompson St, Kansas City, Mo

