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.

Swigonn Elders

MAY 15 1937

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

Do not use this space.

15353

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 1899

Township Kan — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. K. C. Gen. Hosp St. Ward)

2. FULL NAME Edith Allen

(a) Residence, No. 413 Landis Court Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. — 4. COLOR OR RACE W. — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1886

7. AGE 62 — YEARS 50 — MONTHS 9 — DAYS 21 — 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) Nebr.

FATHER

13. NAME Alfred Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER

15. MAIDEN NAME Charlotte Seymour

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

17. INFORMANT (ADDRESS) Record Clerk K. C. Gen. Hosp. K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE El Dorado Sp. Mo. DATE 4-21-37

19. UNDERTAKER (ADDRESS) Quick-Tobin Co. 20. W. Linwood K.C. Mo.

20. FILED Apr. 22, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-7, 1937 to 4-21, 1937

I last saw her alive on 4-21, 1937. Death is said to have occurred on the date stated above, at 4:45 P.M.

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

Chronic Myocardial Infarction; Hypertrophy and Dilatation of Heart — Date of onset

Other contributory causes of importance: 93-C

Name of operation none — Date of

What test confirmed diagnosis? — Was there an autopsy? yes

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) P. F. De Maria, M. D.

(Address) Supt K C Gen Hosp K C Mo