

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

Do not use this space. 97708

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township K&W Primary Registration District No. \_\_\_\_\_  
City Kansas City (No. 2636 Garfield) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1066  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Harriet Mary Alden  
(a) Residence, No. 2636 Garfield St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 3, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 1 17

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. Not recorded  
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) Ohio

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Miss Cora B. Wells  
(ADDRESS) 2636 Garfield

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 11-21-1931

19. UNDERTAKER Stine + Mc Cleure  
(ADDRESS) 3235 William Street

20. FILED 11/21 1931 200-201 Registrar am

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 20, 1931

22. I HEREBY CERTIFY That I attended deceased from Monday 11/19/31, 1931, to Nov 20, 1931.  
I last saw her alive on Monday Nov 19, 1931. Death is said to have occurred on the date stated above, at 2 A.M. Nov 20.  
The principal cause of death and related causes of importance were as follows:

Gastrointestinal hemorrhage Date of onset \_\_\_\_\_  
Cause not discernible  
123 1233  
574

Other contributory causes of importance:  
Arthritis deformans

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? No  
If so, specify Not at all  
(Signed) Archie G. Smith, M. D.  
(Address) 2717 Garfield Ave.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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