

JUN 17 1936

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

Do not use this space.

19634

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Flaw Primary Registration District No. 1002  
City Kansas City (No. St Joseph) Hospital St. 2502 (Ward)

2. FULL NAME

Bertha Alford

(a) Residence, No. 6411 East 13th 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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lee Alford</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 30-1900</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>7</u>
	DAYS <u>25</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	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) <u>Texas</u>		
FATHER	13. NAME <u>William B. Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Laura Guyres</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
17. INFORMANT (ADDRESS) <u>Lee Alford</u> <u>441 E 13th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Washington</u> DATE <u>May 27</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>Coak &amp; Henderson</u> <u>159 Jackson</u>		
20. FILED <u>May 27</u> 19 <u>36</u> In <u>M. Grove</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/16 1936, to May 25 1936.  
I last saw her alive on May 25 1936. Death is said to have occurred on the date stated above, at 11:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
General Peritonitis

Other contributory causes of importance:  
Refused to take any/other 5-11-36

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) R. L. St. Clair M. D.  
(Address) 5-24-2 St. John

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.

