

APR 8 1937

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

Do not use this space.

9729

## 1. PLACE OF DEATH

County Jackson  
Township Kan  
City Kansas City (No. K C Gen Hosp)

Registration District No. 399  
Primary Registration District No. 1002

File No. 4443  
Registered No. 4443  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 811 Inwood  
(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3rd 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 5 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Mo

13. NAME Paul Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Agnes Riley

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

17. INFORMANT Beulah Clerk  
(ADDRESS) K C Gen Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St Marys DATE 3-26-37, 1937

19. UNDERTAKER Amick & Tobin  
(ADDRESS) 20 W Beaumont

20. FILED 3-25-37 M. M. Crowe, Sr.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23-37

22. I HEREBY CERTIFY, That I attended deceased from 1-13-37, 1937 to 3-23-37, 1937

I last saw him alive on 3-23-37, 1937 Death is said to have occurred on the date stated above, at 11 m.

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

Caecum of uterus with extension

Other contributory causes of importance:

Bilateral Hydrocephalus

Name of operation \_\_\_\_\_ 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 \_\_\_\_\_, 1937

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. J. De Maria M. D., M. D.

(Address) Dept K C Gen Hosp

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.

