NOV 18 1937

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

Do not use this space.

36555

File No.
Registered No.

1. PLACE OF DEATH
County Jackson
Registration District No. 399
Township Kaw
Primary Registration District No. 1001
City Kansas City (No. , St. Joseph Hospital St. Ward)

2. FULL NAME Mrs. Isabella R. Allan

(a) Residence, No. 4406 Walnut St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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 Thomas Allan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1903

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	33	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
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) Scotland

FATHER

13. NAME John Graham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER

15. MAIDEN NAME Agnes W. Burnett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT Thomas Allan
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Oct. 4, 1937, 19

19. UNDERTAKER Freeman Mortuary & Chapel
(ADDRESS) Kansas City, Mo.

20. FILED Oct 4 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1937, to Oct 1 1937
I last saw her alive on Oct 1, 1937 Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ruptured ectopic pregnancy	9-26-37
142 B	
Other contributory causes of importance:	
Acute pulmonary edema	10-1-37

Name of operation Ectopic pregnancy Date of 9-26-37
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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. No
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Robert C. Swisher, M. D.
(Address) 828 Argyle Bldg

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.

2 8 8 8

Robt. Swisher
Argyle Bldg.
4:00 P.M.