

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.

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

Do not use this space.

DEC 20 1937

40327

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Law Primary Registration District No. 1092  
 City Kansas City (No. Wheatley Thor Hoop)  
 File No. 4044  
 Registered No. 4044  
 St. Mo. Ward 1

2. FULL NAME Jessie Allison  
 (a) Residence, No. 2446 Pine St., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26 1887

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>50</u>	<u>5</u>	<u>20</u>	

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

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-16, 1937

22. I HEREBY CERTIFY, That I attended deceased from 10-30, 1937, to 11-16, 1937

I last saw decd. alive on 11-16, 1937 Death is said to have occurred on the date stated above, at 5:25 P. m.

The principal cause of death and related causes of importance were as follows:  
Streptococcus  
Infection of  
right temple  
 Other contributory causes of importance: 39  
Diabetes

Date of onset 10-23-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME H. M. Tittley

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

15. MAIDEN NAME Lizzie Carter

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

17. INFORMANT Edith Thompson  
 (ADDRESS) 2446 Pine

18. BURIAL, CREMATION, OR REMOVAL PLACE Hill City, Ks. DATE 11/18, 1937

19. UNDERTAKER Hatkins Bros  
 (ADDRESS) 1727 Lydia

20. FILED Nov. 18, 37 M. M. Grove  
 Registrar.

Name of operation none Date of         

What test confirmed diagnosis? none Was there an autopsy?         

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.

Manner of injury           
 Nature of injury         

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify           
 (Signed) H. J. Daugherty, M. D.  
 (Address) 220 East 10th St

OCCUPATION  
 FATHER  
 MOTHER

