

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

9787
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City, Mo. (d) Street No. 416 N. Elmwood St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Maida A. Allen 450
 (a) Residence, No. 416 N. Elmwood St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 James T. Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 6 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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) Missouri

FATHER 13. NAME Emmett Eliza Roe

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

MOTHER 15. MAIDEN NAME Emma Jane Roach

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Md.

17. INFORMANT James Allen
 (ADDRESS) 416 N. Elmwood, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Et Scott, Ks. DATE Mar. 22-38

19. FUNERAL DIRECTOR C. H. Blackman & Son, Inc.
 (ADDRESS) 2825 Inden Blvd, K.C. Mo.

20. FILED Mar 21 1938 M. M. Brown
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 17 1938 Mar 19 1938
 I last saw him/her alive on Mar 19, 1938 Death is said to have occurred on the date stated above, at 4:15 P.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
82 a
 Other contributory causes of importance: Hypertension
 Date of onset Mar 17
years

Name of operation _____ Date of _____
 What test confirmed diagnosis: Carotids Was there an autopsy? no

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 _____
 (Signed) Dean of Training M. D.
 (Address) 1107 Bryant Bldg

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)