29 1929

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 785 — File No. 15825
Township Bonhomme — Primary Registration District No. 6031 — Registered No. 70
City Valley Park (No. ..... St. ..... Ward)

2. FULL NAME Babe Maxine Allen
(a) Residence. No. 607 Benton St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 8 mos. 29 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-18-1928

7. AGE — YEARS: 0 — MONTHS: 8 — DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Valley Park (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Floyd Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sullivan (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Bertha Reed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Iola (STATE OR COUNTRY) Kans

14. INFORMANT Floyd Allen
(Address) Valley Park, Mo

15. FILED 5/10, 1929 C. E. Barnett M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr-14 1929

17. I HEREBY CERTIFY, That I attended deceased from April 10th, 1929, to April 14th, 1929 that I last saw her alive on April 14, 1929, and that death occurred, on the date stated above, at 11:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
110
1079
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Influenza
(duration) ..... yrs. ..... mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) T. P. Dunn, M.D.
4/16/, 1929 (Address) Valley Park Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bethel Cem. Pond, Mo — DATE OF BURIAL: Apr 16 1929

20. UNDERTAKER: Shrader Und Co — ADDRESS: Ballwin Mo