

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

Do not use this space.

26201

**1. PLACE OF DEATH**

40

County Grundy  
Township Marion  
City Dunlap (No. ....)

Registration District No. 327  
Primary Registration District No. 5454

File No. ....  
Registered No. 47  
St. .... Ward)

**2. FULL NAME** Mrs Mary Allen

(a) Residence, No. .... 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**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 19 - 1868</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>6</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housework</u>		11. Total time (years) spent in this occupation <u>        </u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>        </u>		10. Date deceased last worked at this occupation (month and year) <u>        </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo. Grundy Co.</u>		
13. NAME <u>Mrs Halloway</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio Ind.</u>		
15. MAIDEN NAME <u>Dora Duffy</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT <u>John Allen</u> (ADDRESS) <u>Dunlap Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Galt Mo. 1007 Cem.</u> DATE <u>Aug 14 1933</u>		
19. UNDERTAKER <u>P. Schuman &amp; Son</u> (ADDRESS) <u>Galt Mo</u>		
20. FILED <u>8-14-1933</u> <u>D. C. Weston</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1 1933 to Aug 13 1933  
I last saw her alive on Aug 9 1933. Death is said to have occurred on the date stated above, at 8:30 A.M.  
The principal cause of death and related causes of importance were as follows:  
Mitral Regurgitation Date of onset           
dropsy

Other contributory causes of importance:  
        

Name of operation          Date of           
What test confirmed diagnosis? clinical 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 U. C. Weston, M. D.  
(Signed)           
(Address) Galt, Mo

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.

SEP 20 1933

