

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.

OCT 20 1933

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

Do not use this space.

31085

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City Louis (No. 2121, 12)

File No.....
Registered No. **7771**
St..... Ward.....

2. FULL NAME

Clara F. Allen
(a) Residence, No. 2121 S. 12th St., 23 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace A. Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 94
10. Date deceased last worked at this occupation (month and year)..... 95
11. Total time (years) spent in this occupation..... 95B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co. Pa

13. NAME John Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) War Virginia

15. MAIDEN NAME Sarah Mc Clinch

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

17. INFORMANT (ADDRESS) Lie Allen
2121 S. 12th

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethoney DATE Sept. 9 1933

19. UNDERTAKER (ADDRESS) Aron L. Latta
2107 N. Super St

20. FILED SEP - 8 1933
J. H. Brodeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9/4, 1933, to 9/7, 1933
I last saw h. alive on 9/7, 1933 Death is said to have occurred on the date stated above, at 8⁴⁵ m.
The principal cause of death and related causes of importance were as follows:

Cardiac syncope
Acute Cardiac Decompensation
Angina pectoris
Date of onset 9/4
Other contributory causes of importance:
Ch. Myocarditis
Cardiac dilatation
Coronary atherosclerosis
Arterial sclerosis

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.....
(Signed) William H. Broeder, M. D.
(Address) 1225 Bedney St

