

**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. 790  
 Township Central Primary Registration District No. 6033?  
 City Clayton (No. St. Louis Co. Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1 2460  
 Registered No. 1

**2. FULL NAME** Colleen Allman

(a) Residence, No. 1017 Brazos St. \_\_\_\_\_ Ward. Brentwood  
 (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 F 4. COLOR OR RACE Wh 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) 8-13-29

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>4</u>	<u>4</u>	<u>19</u>	

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

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

13. NAME Jas. Allman

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

15. MAIDEN NAME Nora Cooper

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

17. INFORMANT Jas. Allman  
 (ADDRESS) 1017 Brazos

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Lucas Emty. DATE 1-4-34

19. UNDERTAKER Louis H. Bopp  
 (ADDRESS) Northwood Mo.

20. FILED 1/2 1934 Robert Fleck  
 Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2 1934

22. I HEREBY CERTIFY That I attended deceased from December 29, 1933 to Jan 2, 1934  
 I last saw h. or alive on Jan 2, 1934 Death is said to have occurred on the date stated above, at 1:05 A. m.  
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Obvital mella  
108 110A 818  
12-14-33  
12-26-33  
12-5-33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? X-ray 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) Owen R. Timm, M. D.  
 (Address) St. Louis County Hospital, Clayton, 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.

FEB 27 1934

