

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.

MAY 25 1934

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

Do not use this space.

13937

1. PLACE OF DEATH

County Randolph Registration District No. 735  
Township \_\_\_\_\_ Primary Registration District No. 3034  
City Moberly (No. Woodland Hospital) Registered No. 64  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Belleville Ill.  
(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>Theodore F. Harvat</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 18-1894</u>		
7. AGE YEARS <u>40</u>	MONTHS	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		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) <u>Mo.</u>		
FATHER	13. NAME <u>Samuel V. Allen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT (ADDRESS) <u>L. L. Allen Moberly Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Moberly</u> DATE <u>5-2-1934</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. ... Moberly Mo.</u>		
20. FILED <u>5/2</u> 19 <u>34</u> <u>Virginia Walker</u> Registrar		

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30 1934

22. I HEREBY CERTIFY, That I attended deceased from April 25 1934, to April 30 1934  
I last saw her alive on April 30 1934. Death is said to have occurred on the date stated above, at: 3:30 P. m.  
The principal cause of death and related causes of importance were as follows:  
Intestinal obstruction due to adhesions  
Date of onset April 24/34  
1934 / 4 / 24

Other contributory causes of importance:  
K

Name of operation Released adhesions Date of April 25  
What test confirmed diagnosis? Operation Was there an autopsy? ?

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 None  
(Signed) R. D. Streeton, M. D.  
(Address) Moberly, Mo.

AUG 31 1956