

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

Do not use this space.

631
3

MAR 17 1936

1. PLACE OF DEATH
 County Clay Registration District No. 201
 Township Liberty Primary Registration District No. 5280
 City Liberty (No. _____) St. _____ Ward _____

2. FULL NAME Hannah Elizabeth 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/30/1856

7. AGE YEARS 79 MONTHS 6 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Clay Co Mo

FATHER 13. NAME Willis Croason

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

MOTHER 15. MAIDEN NAME Sarah Frakes

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

17. INFORMANT W. E. Allen (ADDRESS) Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL Orvick Mo
 PLACE Union Cemetery DATE Jan 25 1936

19. UNDERTAKER C. V. Gibson (ADDRESS) Orvick Mo

20. FILED 1246 E. F. Brant Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1936, 1936, to Jan 28, 1936
 I last saw h. u. alive on Jan 27, 1936. Death is said to have occurred on the date stated above, at 5:45 A. M.

The principal cause of death and related causes of importance were as follows:

Suppression of bowels & heart trouble

Other contributory causes of importance:

High blood pressure & hardened arteries

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

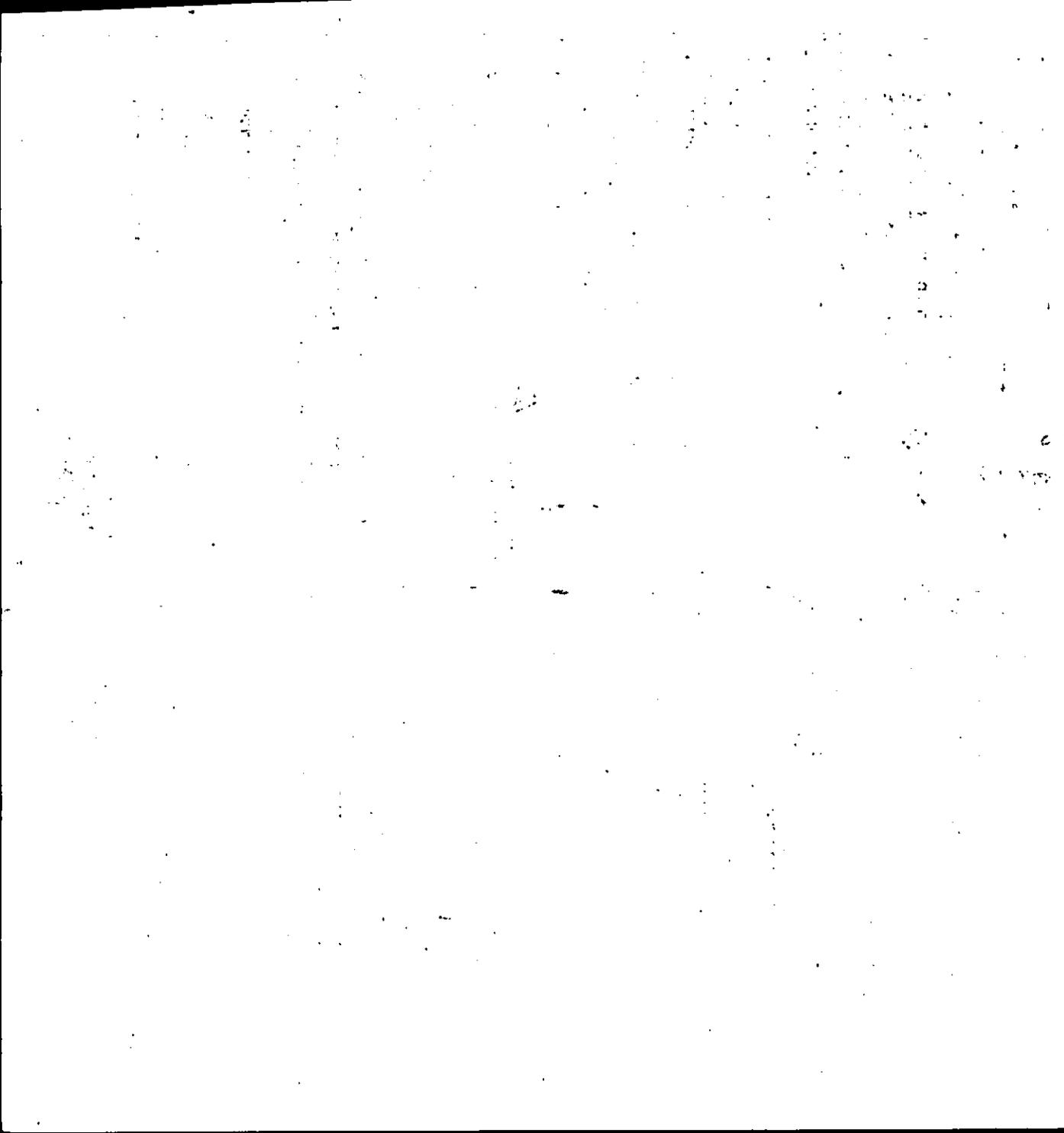
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

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?
 If so, specify _____

(Signed) R. E. Sewer, M. D.
 (Address) Liberty Mo



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH
 County Clay Registration District No. 901
 Township Liberty mo Primary Registration District No. 3280
 City (No. St. Ward)

2. FULL NAME Hannah Elizabeth 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. or min.
79 6 24

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 79 19 6 E T Brent Registrar.
Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1931

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw h. alive on 19. Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Infection of bowels and heart trouble Date of onset

Myocarditis

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) R. G. Sever, M. D.

(Address) Liberty mo

SUPPLEMENTAL

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