

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.

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

Do not use this space.

SEP 15 1936

791

32371

1. PLACE OF DEATH

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. Melbourne Hotel) St. .... Ward.....

File No.....  
Registered No. 8190

2. FULL NAME Martha Ellen Allan

(a) Residence, No. Melbourne Hotel St. 19 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John E. Allan  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 17th 1871  
7. AGE 64 YEARS 7 MONTHS 16 DAYS If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
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. ....  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Fairfield (STATE OR COUNTRY) IOWA

FATHER  
13. NAME John Mc Whirter

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

MOTHER  
15. MAIDEN NAME Catherine Trent,

16. BIRTHPLACE (CITY OR TOWN) McConnellsburg, (STATE OR COUNTRY) Virginia.

17. INFORMANT John E. Allan (ADDRESS) Melbourne Hotel

18. BURIAL CREATION, OR REMOVAL PLACE Bellefontaine DATE Aug 5th 19 36

19. UNDERTAKER Wagon Wheel Co. (ADDRESS) 302 1/2 Olive St

20. FILED AUG 5 1936 J. T. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from 1933 to Aug. 3, 1936  
I last saw her alive on Aug. 3, 1936 Death is said to have occurred on the date stated above, at 12:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Cerebral Arteriosclerosis Date of onset 1933

Other contributory causes of importance: Nephritis Ch Interstitial June 1936

Name of operation..... Physical findings no  
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? no  
If so, specify.....

(Signed) J. T. Brebeck M. D.  
(Address) 320 Metropolitan Bldg.

