

REC'D APR 2 1938

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

11808
Do not use this space.

1. PLACE OF DEATH *Platte*
 (a) County *Platte* Registration District No. *698*
 (b) Township *Weston* Primary Registration District No. *4420*
 (c) City *Weston* (d) Street No. _____ Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME *Mahala Evaline Fellows 42.9*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 *D. K. Fellows*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 17 1875*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 10 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housewife*
 9. Industry or business in which work was done, as 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) *Platte Co. Mo*

FATHER 13. NAME *Jas. A. Allen*

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

MOTHER 15. MAIDEN NAME *Cynthia Allsace*

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

17. INFORMANT (ADDRESS) *Mrs Virgil Miller Weston Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Bethel* DATE *Mar 2 1938*

19. FUNERAL DIRECTOR (ADDRESS) *J. B. Mill Weston Mo*

20. FILED *3/1 1938* *J. B. Mill* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 28 1938*

22. I HEREBY CERTIFY, That I attended deceased from *February 23, 1938 to February 27, 1938*

I last saw her alive on *Feb 27, 1938*. Death is said to have occurred on the date stated above, at *1:30 p.m.*

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

Pneumonia

Date of onset

Other contributory causes of importance:

Influenza & Pernicious Anemia.

Name of operation *none* 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) *Jesse C. Calvert, M.D.*

(Address) *Weston, Mo.*

STATEMENT BY LICENSED EMBALMER

I, J. N. Brill, Licensed Embalmer No. 832
hereby certify that the body recorded on the reverse side of this certificate was embalmed by ME

L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. N. Brill
Licensed Embalmer No. 832

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)