

REC'D APR 2 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

W S Allen

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

June 1st, 1863

7. AGE

YEARS

74

MONTHS

9

DAYS

20

IF LESS than 1
day,hrs.
ormin.

OCCUPATION

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

H. C. F.

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Preston Minn

MOTHER FATHER

13. NAME

Conrad Mann

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

Pa.

15. MAIDEN NAME

Ellen Walsh

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

Ireland

17. INFORMANT
(ADDRESS)W. S. Allen
Kirbyville Mo18. CREMATION,

PLACE

KC

mo

DATE

3/24

1938

19. UNDERTAKER
(ADDRESS)R. O. Welch
Ingrosson mo

20. FILED

3/23

1938

John H. Baxter

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

3-21-38

22. I HEREBY CERTIFY, That I attended deceased from

Mar 9th 1938, to Mar 20, 1938

I last saw her alive on Mar 20, 1938. Death is said

to have occurred on the date stated above, at 9:00 p. m.

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

Cerebral Hemorrhage Mar 9-38

Other contributory causes of importance:

Arterio Sclerosis 1933
Hypertension

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

707 (Signed)

Fred R. Moessner, M. D.

774 (Address)

Branon, Mo

12331

File No.

13

Registered No.

450

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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