

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.

25 1931

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

Do not use this space.

21317 ✓

1. PLACE OF DEATH

County Jackson
Township Bluse
City Sugar Creek, MO (No. _____)

Registration District No. 398
Primary Registration District No. 554

File No. _____
Registered No. 224
St. _____ Ward _____

2. FULL NAME

Lucy Allen

(a) Residence, No. Fulton St Sugar Creek, MO 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 4 14

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

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 County Missouri

13. NAME John Warren

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

15. MAIDEN NAME Sarah Wilson

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

17. INFORMANT (ADDRESS) Robert S Allen Fulton St Sugar Creek MO

18. BURIAL, CREMATION, OR REMOVAL PLACE W Washington DATE June 22-1931

19. UNDERTAKER (ADDRESS) Carron Undertaking Co Independence MO

20. FILED June 23 1931 W Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19-1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1931, to June 19, 1931. I last saw her alive on June 19, 1931. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Cancer of Liver
46 E 46 W
Date of onset June - 21

Other contributory causes of importance: Probably Cancer of Gall Bladder

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? no 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. G. Hickman, M. D.
(Address) Independence, Mo.

