

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

Do not use this space.

1. PLACE OF DEATH

County Wayne County Mo Registration District No. 893
Township Crocker Creek Primary Registration District No. 645
City Coldwater (No. _____) St. _____ Ward _____

File No. 27598-1

Registered No. _____

2. FULL NAME Mauchie May 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 18 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1896
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 21 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife
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 E. B. White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Mo

15. MAIDEN NAME Arthula Good

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Mo

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunett Mo DATE 7-28-1917

19. UNDERTAKER (ADDRESS) None

20. FILED _____ 19 _____ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1917

22. I HEREBY CERTIFY That I attended deceased from May 1, 1917, to July 28, 1917.

I last saw him alive on June 10, 1917. 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:

Pulmonary tuberculosis Date of onset _____

23A

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? no

If so, specify _____ (Signed) Dr. James, M. D.

(Address) Redman 3MO

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wayne Registration District No. 893
Township Cedar Creek Primary Registration District No. 6195a
City Coldwater (No. St. Ward)

2. FULL NAME

(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James A Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 2 0

OCCUPATION
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)

FATHER
13. NAME E. B White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Mo
MOTHER
15. MAIDEN NAME Arthura Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Mo

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Burnett Mo DATE 7-28-1917

19. UNDERTAKER (ADDRESS)

20. FILED 1/20 1933 J. F. Gaudens Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1917
22. I HEREBY CERTIFY, That I attended deceased from May 1 to July 28, 1917
I last saw h. if alive on July 16, 1917 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:

Pulmonary tuberculosis
Date of onset

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) A. H. Jones M. D.
(Address) Burnett Mo

27598-1