

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.

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

19299

1 PLACE OF DEATH

County Vermeur
Township Washington Registration District No. 875 File No. 134
or
Village _____ Primary Registration District No. 6162 Registered No. _____
or
City State Hospital (NO. 3) St. _____ Ward _____

If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Martha Elvina Allen

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED Married
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH Sept 28 1859
(Month) (Day) (Year)

7 AGE 58 yrs. 7 mos. 14 ds. IF LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Mo.

PARENTS
10 NAME OF FATHER Joshiah Culpston
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo
12 MAIDEN NAME OF MOTHER Eliza C Allen
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John T. North
(Address) Nevada Mo.

15 Filed 5/13 1918 S. G. White Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 12 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 1 1918 to May 12 1918 that I last saw her alive on May 11 1918 and that death occurred, on the date stated above, at 4 05 A. M.
The CAUSE OF DEATH* was as follows:

Acute Nephritis
130
119
(Duration) 10 ds.

CONTRIBUTORY (Secondary) _____
(Duration) 119 yrs. 10 mos. 10 ds.
(Signed) C. B. Davis M. D.
5-12 1918 (Address) Nevada Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) _____
At place of death 11 ds. In the State 11 yrs. 10 mos. 10 ds.
Where was disease contracted if not at place of death? _____
Former or usual residence Roscoe Mo.

19 PLACE OF BURIAL OR REMOVAL El Dorado Spgs Mo DATE OF BURIAL May - 13 1918

20 UNDERTAKER R. W. Harding ADDRESS Nevada Mo.

