JUL 29 1927

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

Do not use this space.

20474

1. PLACE OF DEATH
County Vernon
Township Washington
City Nevada (No. ..... St. ..... Ward)
Registration District No. 875
Primary Registration District No. 6162
File No. .....
Registered No. 111

2. FULL NAME Carrie Allen
(a) Residence. No. Joplin, 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. 7 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 William V. Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1869 (?)

7. AGE Years 58(?) Months D. K. Days If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work D. K.
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) D. K.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER D. K.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) D. K.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER D. K.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D. K.
(STATE OR COUNTRY)

14. INFORMANT Hospital Records
(Address) Nevada, Mo.

15. FILED 6/22, 1927 E. A. King
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1926, to June 21, 1927 that I last saw her alive on June 20, 1927, and that death occurred, on the date stated above, at 3:55 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arteriosclerosis
77
91B 162
D.K. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senile Psychosis
D.K. (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
O DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) S. L. Wykoff, M. D.
6/21, 1927 (Address) Nevada, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Joplin, Mo. DATE OF BURIAL June 21 1927

20. UNDERTAKER Allen V. Hays ADDRESS Nevada, Mo.

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.

THIS IS A PERMANENT RECORD