

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

Do not use this space.

20727

1927

1. PLACE OF DEATH

County.....Buchanan.....

Registration District No. 85

Township.....

Primary Registration District No. 1001

City.....St. Joseph.....

(No.)

File No.

Registered No. 746

St. Ward

2. FULL NAME Rebecca Isabella Allen

(a) Residence. No. 115 South 13th St., ... Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Damon P. Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 19th 1951

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
76 2 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Household

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) White Cloud
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT Hazel Dart
(Address) 115 So. 13th Street.

15. FILED 6 1927 John G. Galt REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25th 19 27

17. I HEREBY CERTIFY, That I attended deceased from JUNE 3, 1927, to JULY 25, 1927. That I last saw h.w. alive on JULY 25, 1927, and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Stomach
(duration) yrs. 4 mos. da.

CONTRIBUTORY (SECONDARY) 440
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) William A. Robertson, M. D.

July 26, 1927 (Address) 6210 1/2 King Hill Ave.

*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

Beatrice Nebraska DATE OF BURIAL July 26 19 27

20. UNDERTAKER St. Michael's ADDRESS 1302 Damon

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.

