

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

Do not use this space.

21886

1. PLACE OF DEATH

County Andrew Mo Registration District No. 791
 Township Andrew Mo Primary Registration District No. 1003
 City Poplar Bluff (No. Mo. Pop. Hosp) St. Mo. Ward 1

File No. _____
 Registered No. 5986

2. FULL NAME

Rose Allen
 (a) Residence. No. 4059 Lacey St. 12 Ward. Poplar Bluff Mo.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 1 yrs. 17 mos. 17 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 16 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
32 | 6 | 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 12 1/2 hrs.
 (b) General nature of industry, business, or establishment in which employed (or employer) 139
 (c) Name of employer 139

9. BIRTHPLACE (CITY OR TOWN) Arkansas
 (STATE OR COUNTRY)

10. NAME OF FATHER Ferret Settles

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

12. MAIDEN NAME OF MOTHER George Fisher

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

14. INFORMANT Rose Allen
 (Address) Poplar Bluff Mo.

15. FILED 11/19/28 1928 Nov 19 1928
 REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3, 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/16/28 to 6/3/28, 19____, that I last saw h. ea. alive on 6/3/28, 19____, and that death occurred, on the date stated above, at 8:45 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1) Septicemia (organism not identified.)

CONTRIBUTORY 1) Appendicitis (acute), Perforated & General
 (SECONDARY) Peritonitis, Pyelitis (duration) yrs. 1 mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED Poplar Bluff
 IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 4/16/28 (2)
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? operation & Clui cal Observation
 (Signed) Jerome S. Lewis, M. D.
6/3/28, 19 (Address) Mo. Pop. Hospital

*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 Poplar Bluff Mo. DATE OF BURIAL 6-5-1928.

20. UNDERTAKER Peetz Brothers - 3028 Lafayette Ave ADDRESS

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

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11/11/11