

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 5Township RushPrimary Registration District No. 5128City RushvilleNo. 1 mile No. of Rushville, Mo.File No. 22996Registered No. 22996St. Mo. Ward 12. FULL NAME Cora Belle Allen,(a) Residence. No. 305 South 15th

(Usual place of abode)

St. Mo.Ward 1Length of residence in city or town where death occurred 60 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)

Widowed,

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

Howard K. Allen,6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28, 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

65310

8. OCCUPATION OF DECEASED

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

At Home,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Unknown,

(STATE OR COUNTRY)

Indiana,

PARENTS

10. NAME OF FATHER

Unknown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown,Unknown,12. MAIDEN NAME OF MOTHER Elizabeth Davis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown,Indiana,

14.

INFORMANT

(Address)

Mrs Myrtle PaxtonSaint Louis, Mo.

15.

Filed

7-10-1928 L. F. Kungen

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 8, 1928

17.

I HEREBY CERTIFY That I attended deceased from viewedJuly 8, 1928, tothat I last saw alive on July 8, 1928 and thatdeath occurred, on the date stated above, at 7:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

traumatism automobile
accident car turned over catching
her body under car crushing
body death due to crushing

CONTRIBUTORY (SECONDARY)

of liver, kidneys, & hemorrhage

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? yesWHAT TEST CONFIRMED DIAGNOSIS? Post mortem andhistory of case(Signed) J. W. Mayo (Coroner), 19 (Address) St. Joseph, Mo.St. Joseph, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state

(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or

HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Mora Cemetery.July 10, 1928

20. UNDERTAKER

ADDRESS

Heaton-Bell & Bourn319 S. 10 St.St. Joseph, 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.

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N. B. - Racer

DATE

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**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 DuChangin
Township Rush
City Rushville (No.)

Registration District No. 84
Primary Registration District No. 5123

File No.
Registered No.
St. Ward)

2. FULL NAME

Cora Belle 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 7-10-1928

L. F. Gingen
REGISTERAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8, 1928

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw him alive on 19..... and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Transpiration Automobile accident Car turned over Catching her body under Car crushing body death due to crushing?
CONTRIBUTORY Liver Kidneys, C?
(SECONDARY) Hemorrhage Instantly

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. D.
, 19 (Address)

*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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

ADDITIONAL INFORMATION--THIS IS A SUPPLEMENTARY RECORD

WRITE PLAINLY,

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 treatment of CAUSE OF DEATH should be stated. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-22996