

JAN 28 1929

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

Do not use this space.

32453-2

1. PLACE OF DEATH

County..... *Scott* Registration District No. *1167*
Township..... *Weslo* Primary Registration District No. *4585*
City..... *Fonfelt* (No.) St. (Ward)

2. FULL NAME

Allie Paines
(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 *Female* 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 *Lester Paines*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *4-27-1907*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 5

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

9. BIRTHPLACE (CITY OR TOWN) *Douglas*
(STATE OR COUNTRY) *Mo*

PARENTS

10. NAME OF FATHER *P. J. Gummerman*

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

12. MAIDEN NAME OF MOTHER *Mellie Bollinger*

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

14. INFORMANT *P. J. Gummerman*
(Address) *Fonfelt Mo*

15. FILED *9/27 1928* *G. A. Berman*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *9-27-1928*

17. I HEREBY CERTIFY That I attended deceased from *Am* *9-27* 19*28*, to *9-27* 19*28*, that I last saw *Am* alive on *9-27* 19*28*, and that death occurred, on the date stated above, at *5:00* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

730
(duration) yrs. *10* mos. ds.

CONTRIBUTORY (SECONDARY) *31*
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *G. A. Berman* M. D.
9/27 1928 (Address) *Fonfelt 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 *Home Mo* DATE OF BURIAL *9/29/28*

20. UNDERTAKER *C. W. Pussler* ADDRESS *Home 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.

