FEB 9 1929

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

Do not use this space.

498

1. PLACE OF DEATH
County: Cape Gir — Registration District No. 124
Township: Byrd — Primary Registration District No. 5179
City: Elizabeth, ..... St. ..... Ward)

File No. .....
Registered No. 7

2. FULL NAME: Evelyn 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 6th 1928

7. AGE

| YEARS | MONTHS | DAYS | IF LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| | 1 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Jackson
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Wm A. Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Jackson
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Mable Rice
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ~~Jackson~~
(STATE OR COUNTRY): Scott Co., Mo

14. INFORMANT: Wm A. Allen
(Address): Jackson, Mo

15. FILED 1-25 29, 19..... D. G. Suber
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 25 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 12th, 1929, to Jan 25, 1929, that I last saw h. alive on Jan 24, 1929, and that death occurred, on the date stated above, at 12 55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Whooping Cough
.....
.....
..... (duration) ..... yrs. ..... mos. 15 ds.

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

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? .....
(Signed) D. G. Suber, M. D
1-25, 1929 (Address) Jackson 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: Russell Heights Cem
DATE OF BURIAL: Jan 26 1929

20. UNDERTAKER: Cravens & Miller
ADDRESS: Jackson Mo