

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

Do not use this space.

11947-1

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**1. PLACE OF DEATH**

County Randolph  
Township Clifton  
City..... (Name).....

Registration District No. 731  
Primary Registration District No. 5965

File No. ....  
Registered No. 3 ..... St. .... Ward)

**2. FULL NAME**

Mary Ann Allton

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 2 1929

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

I HEREBY CERTIFY, That I attended deceased from Jan. 2, 1928 to March 2, 1929 that I last saw her alive on Mar. 2, 1929, and that death occurred, on the date stated above, at 4 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4, -1849

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
80 6 18

Metal Rectification

**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)  
(c) Name of employer

CONTRIBUTORY (SECONDARY)

POA

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Wolverhampton England

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

**10. NAME OF FATHER**

Samuel Allton

IF AN OPERATION PRECEDE DEATH..... DATE OF.....

19. WAS THERE AN AUTOPSY.....

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) England

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W.C. Alexander M.D.

**12. MAIDEN NAME OF MOTHER**

Mary Ann Hill

, 19 (Address) Clifton Hill Mo

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) England

\*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.

**14. INFORMANT**

(Address) Miss Holly Allton  
Clifton Hill

**17. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Clifton Hill

**DATE OF BURIAL**

Mar 24 1929

**15. FILED**

2/10 30 19.....

J. Bradsher  
REGISTRAR

**20. UNDERTAKER**

Tom B. Patton  
Hunterville

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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