4

MAY 29 1929

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

Do not use this space.

1. PLACE OF DEATH
County St Francois — Registration District No. 773 — File No. 15766
Township — Primary Registration District No. 4464 — Registered No. 75
City Farmington (No. ..... St. ..... Ward)

2. FULL NAME Mrs Alice Nevada 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: F
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: W. W. Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 17, 1868

7. AGE: Years 61 — Months 1 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Donaphyn Mo

PARENTS
10. NAME OF FATHER: Dr. J. H. Moore
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Farmington
12. MAIDEN NAME OF MOTHER: Jameson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): North Caroline

14. INFORMANT (Address): Mrs. W. A. Copland, Farmington Mo

15. FILED 4-30, 1929 B. J. Robinson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Apr 25, 1929, to Apr 29, 1929, that I last saw her alive on Apr 29, 1929, and that death occurred, on the date stated above, at 5:50 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Interstitial Nephritis
High Blood Pressure 240
Labor Pneumonia 16
Myocarditis (duration) ..... yrs. ..... mos. 131 ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R Appleby, M. D
Apr 30, 1929 (Address) Farmington

*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: Ellington Mo. — DATE OF BURIAL: 5/1 1929

20. UNDERTAKER: Heidelberg Co — ADDRESS: Farmington

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.

WHEN PLANNED, WITH UNFADING INK—THIS IS A PERMANENT RECORD

2 — 1 — 235