

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

Do not use this space.

1. PLACE OF DEATH
Lewis

County.....

Registration District No. **480**

File No. **25138**

Township.....

Primary Registration District No. **4289**

Registered No. **13**

City **La Grange, Mo.**

(No.)

St. Ward)

2. FULL NAME
Marine Lee 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

Female

4. COLOR OR RACE

Black

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) **May 8th 1929**

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day, hrs.
or min.

1

23

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) **La Grange**

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER **Harvey Allen**

PARENTS

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

(STATE OR COUNTRY)

Mo.

12. MAIDEN NAME OF MOTHER **Annie Weathers**

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

(STATE OR COUNTRY)

Mo.

14. INFORMANT **Harvey Allen**

(Address)

La Grange, Mo.

15.

FILED **July 11, 1929**

W. B. Allen
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 1st 1929**

17.

I HEREBY CERTIFY, That I attended deceased from

July 1st, 1929, to July 1st, 1929.
that I last saw **h. e.** alive on **June 29th, 1929,** and that
death occurred, on the date stated above, at **some time between**
midnight and 3 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxia

CONTRIBUTORY **mother laid upon child**
(SECONDARY)

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 **clinical signs**

(Signed) **Dr. L. E. Can**

, 19 (Address) **La Grange 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

La Grange

DATE OF BURIAL

July 2 1929

20. UNDERTAKER

A.A. Roberts

ADDRESS

La Grange, 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.

26
56
56
6
1929

