

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

Do not use this space.

26877

PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No.)

Registration District No. 26
Primary Registration District No. 3002

File No.
Registered No. 114
St. Ward)

2. FULL NAME Mr. Martin P. Allen

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 - 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 2 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Home maker
(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) Clark Co, Mo.

10. NAME OF FATHER O. P. D. Hampton

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Malinda Leeper

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

14. INFORMANT Dr. J. H. Harrison
(Address) St. Louis, Mo.

15. August 25th 1929 Dr. J. H. Harrison
FILED REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 27 1929

17. I HEREBY CERTIFY That I attended deceased from Aug. 18 1929 to Aug. 27 1929 that I last saw him alive on Aug. 24 1929 and that death occurred, on the date stated above, at 3:30 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS

Corbular hemorrhage
82 A
97
162 (duration) yrs. mos. ds.
CONTRIBUTOR (SECONDARY) Senility - Arterial
Sclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED

NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. H. Harrison M. D.
, 19 29 (Address) Mexico, 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 Mexico Mo. DATE OF BURIAL Aug. 28 1929

20. UNDERTAKER McPherson Bros. ADDRESS Mexico 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.

RECORD

