

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

Do not use this space.

37739

1. PLACE OF DEATH

County Macou

Registration District No. 527

Township 2

Primary Registration District No. 4813

City Quinn, Mo (No.)

File No.

Registered No.

St. Ward

2. FULL NAME

Ethna 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female Black Married

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

Richard Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10-1908

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>21</u>	<u>8</u>	<u>14</u>	<u> </u>	<u> </u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Portledge
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER W. Smith

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

12. MAIDEN NAME OF MOTHER Martha Shivers

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

14. INFORMANT Frank Smith
(Address) Quinn, Mo

15. FILED 11/25, 1929 Dave E. Edwards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1929, to Nov 23, 1929.
that I last saw her alive on Nov 23, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of Lungs
23A

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

21. WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) L. S. Nye, M. D.

, 19 29 (Address) Quinn, 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 Portledge, Mo DATE OF BURIAL 11/26 1929

20. UNDERTAKER G. S. Edwards ADDRESS Quinn, 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.

