

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

Do not use this space.

37879
6

1. PLACE OF DEATH

County New Madrid.
Towship Anderson.
City Gideon. (No. St. Ward)

Registration District No. 55
Primary Registration District No. 4033

File No.
Registered No. 830

2. FULL NAME

Emma Colleen 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) single.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23 - 1928.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or min.
		<u>10</u>	<u>9</u>	

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) Gideon, Missouri.
(STATE OR COUNTRY)

10. NAME OF FATHER Fred Allen.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Butler County Missouri.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Zella Barks.

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

14. INFORMANT Carl Starnoff
(Address) Gideon Mo

15. FILED Dec 10, 1929 M. V. Murren
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 2 19 29

17. I HEREBY CERTIFY, That I attended deceased from Oct 18th, 19 29, to Nov 2nd, 19 29, that I last saw her alive on Nov 1st, 19 29, and that death occurred, on the date stated above, at 5:20 A.M.

THE CAUSE OF DEATH: WAS AS FOLLOWS:

Cerebral meningitis
89.1
79.13 (duration) yrs. mos. 5 ds.
CONTRIBUTORY Chills malarial
(SECONDARY) (duration) yrs. mos. 10 ds.

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
(Signed) J. H. Starnoff, M. D.
11-2, 19 29 (Address) Clarkton 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 Stanfield Cem. DATE OF BURIAL Nov. 3-1929

20. UNDERTAKER R.B. Meentemeyer. ADDRESS Gideon, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

