

MAR 25 1930

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

Do not use this space.

4164

1. PLACE OF DEATH

County BuchananRegistration District No. 85File No. 4164Township St JosephPrimary Registration District No. 1001Registered No. 234City St JosephNo. Sumner Hope HospitalSt. Weston MoWard

2. FULL NAME

(a) Residence. No. Wilma Jean AllenSt. Weston MoWard.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs. 14mos. 14ds. 14

How long in U.S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

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)

Feb 16 1920

7. AGE

YEARS 1MONTHS 0DAYS 7If LESS than 1 day, hrs. 10 or mins.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None(b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Weston Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Noah Bryan Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Weston Mo

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Cliffonia Holloway

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Weston Mo

(STATE OR COUNTRY)

14. INFORMANT

Noah Bryan Allen
(Address) Weston Mo

15. FILED

FEB 24 1930

19

John E. J. J.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 23 1930

17.

I HEREBY CERTIFY, That I attended deceased from Feb 13, 1930, to Feb 23, 1930, that I last saw her alive on Feb 22, 1930, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidermic Cerebro Spinal Meningitis
10(duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY)

Medlanders displacement
infection also (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Weston MoDID AN OPERATION PRECEDE DEATH? No DATE OF WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Cerebro Spinal Fluid(Signed) Clarence A. Hall M. D.Feb 24, 1930 (Address) St Joseph 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

Weston Mo

DATE OF BURIAL

2/24 1930

20. UNDERTAKER

Heerman Funeral Home
1926 Colhoun

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.

