

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.

APR 23 1930

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

Do not use this space.

7835

1. PLACE OF DEATH

County Buchanan
Township St. Joseph,
City St. Joseph,

Registration District No. 1001
Primary Registration District No. Missouri Methodist Hospital

File No. 382
Registered No. 382
St. St. Ward Ward

2. FULL NAME Mable Nellie Allen,

(a) Residence. No. St. Ward Rosendale, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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)

Married,

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

Edward Allen,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30, 1891

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

36

7

24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Dundas,

(STATE OR COUNTRY) Minnesota,

10. NAME OF FATHER

Ezra N. Cook,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,

(STATE OR COUNTRY) Pennsylvania,

12. MAIDEN NAME OF MOTHER Mary Hamilton,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph Co.
(STATE OR COUNTRY) Michigan,

14.

INFORMANT Edward Allen

(Address) Rosendale, Missouri.

FILED 1930

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MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1930

17.

I HEREBY CERTIFY, That I attended deceased from Mar 23, 1930, to Mar 24, 1930, that I last saw him alive on Mar 24, 1930, and that death occurred, on the date stated above, at 10:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis
145A
150A

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY)

Infection following child birth.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 24-30

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. S. Conrad, M. D.

3/24, 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

DATE OF BURIAL

Savannah, Mo. via auto

Mar. 26 19 30

20. UNDERTAKER

ADDRESS

Heaton-Baker-Bourman 319 S. 10 St.

Funeral Home

