

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

Do not use this space.

13005

1. PLACE OF DEATH

County Jasper Registration District No. 411
 Township _____ Primary Registration District No. 2002
 City Joplin Mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 155

2. FULL NAME

Mrs Cornelia J. Allen
 (a) Residence. No. 215 East 4th 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 <u>Female</u>	4. COLOR OR RACE <u>Wh.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John P. Allen</u>		
7. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>August 6 - 1857</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>7</u>	DAYS <u>24</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>H. Work</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>"</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

PARENTS	10. NAME OF FATHER <u>Swan</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Ohio</u>
	12. MAIDEN NAME OF MOTHER <u>Bickford</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>in record</u>

14. INFORMANT Mrs J. C. Jackson
 (Address) 215 East 4th

15. FILED 4-5 1930 A. Benson Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 2 1930
 17. I HEREBY CERTIFY, That I attended deceased from March 31, 1929, to Apr 2, 1930 that I last saw her alive on Apr 1, 1930, and that death occurred, on the date stated above, at 2:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

131 (duration) 1 yrs. 1 mos. _____ ds.

CONTRIBUTORY (SECONDARY) 121W (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS _____
 (Signed) Robert L. Neff, M. D.
Apr 30 (Address) Joplin 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 Fairview DATE OF BURIAL Apr 5 1930
 20. UNDERTAKER Frank-Diercks & Co ADDRESS Joplin Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

V. S. No. 2.

26 1930

