

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

Do not use this space.

**15833**

**1. PLACE OF DEATH**

County Montgomery  
Township Marion  
City Marion (No. \_\_\_\_\_)

Registration District No. 313  
Primary Registration District No. 3732

File No. \_\_\_\_\_  
Registered No. 33  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Rebecca Jane Allenbrand  
(a) Residence. No. Mayville, Mo. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred Several yrs. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

F.

**4. COLOR OR RACE**

W.

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

Widowed

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

Adam Allenbrand

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Dec. 6, 1848

**7. AGE**

81

**YEARS**

5

**MONTHS**

15

**DAYS**

15

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**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

Housekeeper

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Israel

**10. NAME OF FATHER**

Samuel

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ohio

**12. MAIDEN NAME OF MOTHER**

Julia Jones

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Israel

**14. INFORMANT**

(Address)

X. D. Allenbrand  
Marionville, Mo. R.R. 5

**15. FILED**

May 22, 1930

D. F. Westcott  
REGISTRAR

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

May 21, 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from July 3, 1929 to May 21, 1930  
that I last saw her alive on May 21, 1930 and that death occurred, on the date stated above, at 7:15 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Myocardial degeneration

**CONTRIBUTORY (SECONDARY)**

Arteriosclerosis (duration) 2 yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Chas. F. Plank, M. D.

May 22, 1930 (Address) King City, 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**

Paradise Cem.

5/22/1930

**20. UNDERTAKER**

**ADDRESS**

R. S. Yaggar

King City

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.

