

ALG 20 1930

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

Do not use this space.

21993

1. PLACE OF DEATH

County..... Buchanan
Township.....
City..... St. Joseph, (No. St. Joseph's Hospital

Registration District No. 85
Primary Registration District No. 1001

File No.
Registered No. 821
St. Ward)

2. FULL NAME Hansena C. Allen

(a) Residence. No. 2211 So. 10th St. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 49 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED Divorced (write the word)

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14, 1930 '19

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

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1930, to July 14, 1930 that I last saw h. ET. alive on July 14, 1930 and that death occurred, on the date stated above, at 11.00 P.M. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 10, 1872

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma metastatic to liver, lungs & viscera in general about 1 yrs. mos. ds. (duration)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 6 4

CONTRIBUTORY (SECONDARY) Carcinoma of breast which was removed 4 yrs. ago. (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

9. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Denmark

34 DID OPERATIONS PRECEDE DEATH? 70 DATE OF WAS THERE AN AUTOPSY? yes WHAT TEST CONFIRMED DIAGNOSIS? Autopsy + Laboratory (Signed) J. J. Beebe, M. D. July 15, 1930 (Address) Colony, Bldg. 2nd fl. 700

10. NAME OF FATHER J.C. Nelson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Denmark

12. MAIDEN NAME OF MOTHER Ann Christianson

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

*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.

14. INFORMANT Mrs. C. H. Streeter (Address) Cedar Falls, Iowa.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cemetery DATE OF BURIAL July 17, 1930

15. FILED JUL 17 1930 John S. W. REGISTRAR

20. UNDERTAKER Walter Meierhoff 1302 Faraon St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

