SEP 26 1930

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

Do not use this space.

30849

1. PLACE OF DEATH
County Randolph — Registration District No. 732 — File No.
Township — Primary Registration District No. 4437 — Registered No. 17
City Higbee (No. ..... St. ..... Ward)

2. FULL NAME Mrs Hazel Allen

(a) Residence. No. ..... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	28	10	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Knox Co Mo

PARENTS

10. NAME OF FATHER Frank Stark

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

12. MAIDEN NAME OF MOTHER Florence Rhodes

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

14. INFORMANT Arthur Allen
(Address) Higbee Mo

15. FILED 9/27, 1930 C. F. Burnsatter REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1930, to Sept 3, 1930, that I last saw her alive on Sept 3, 1930, and that death occurred, on the date stated above, at 5 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Puerperal Septicemia
Duration of temperature 4 days
Before a dead foetus was delivered
5 months gestation
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Organic Heart Disease (Chronic)
Toxemia of Pregnancy (duration) ..... yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED 1110 1119 B
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. F. Burnsatter, M. D.
9/27, 1930 (Address) Higbee 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
Laplata Mo	Sept 5 1930
20. UNDERTAKER	ADDRESS
Burton & Wilson	Higbee

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.