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

Do not use this space.

38655

Jan 1 1931

1. PLACE OF DEATH — Registration District No. 85

County Buchanan — Primary Registration District No. 1001

File No. — Registered No. 1395

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Grace Allen

(a) Residence. No. 3107 North 10 Street 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 John H.Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 1,1865

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
65	11	29	

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) Own home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) White sides Co.
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER William McNeal

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

12. MAIDEN NAME OF MOTHER Elizabeth Ricketts

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

14. INFORMANT John H.Allen
(Address) 3107 No.10 St.-St.Joseph Mo

15. FILED JAN 1 1931, 19... — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 30 19 30

17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 19 30, to Dec 30, 19 30
that I last saw h.er alive on Dec. 30, 19 30, and that
death occurred, on the date stated above, at 6/45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED 3107 N10

IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Frank Hardgrave, M. D.

Dec. 31 19 30 (Address) Kirkpatrick Bldg.

*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 Mt.Olivet Cemetery — DATE OF BURIAL Jan. 1 19 30

20. UNDERTAKER H.O. Sidwell — ADDRESS 1802 Union St.

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.