

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.

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

Do not use this space.

16873

**1. PLACE OF DEATH**

County Serrano  
Township Nevada  
City (No. ....) .....

Registration District No. 875  
Primary Registration District No. 3039

File No. ....  
Registered No. 99  
St. .... Ward

**2. FULL NAME**

Mrs Anastasia Allen

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 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 Chas Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73      6      20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joliet Ill. U.S.

13. NAME John W. Meloy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

15. MAIDEN NAME Martha Do Land

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs E. Godley

18. BURIAL, CREMATION, OR REMOVAL PLACE Nevada DATE 9-30

19. UNDERTAKER Allen V. Hayes

20. FILED 4/18 19 31 E. R. King Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1931

22. I HEREBY CERTIFY, That attended deceased from 4/6 to 4/7, 1931.  
I last saw him alive on 4/6, 1931. Death is said to have occurred on the date stated above, at 8 a.m.  
The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis

72A

92A

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) J. M. Yates, M. D.  
(Address) .....

MAY 27 1931

