

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

Do not use this space.

1. PLACE OF DEATH

16 County Cape Girardeau
Township Road
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 131
Primary Registration District No. 5-182

17338

Registered No. _____

2. FULL NAME

Ruth 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July - 28 - 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
26 10 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 234
(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) Bollinger Co

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Know

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Know

14.

INFORMANT Burley Allen

(Address) R 70 H 1 Cape Girardeau

15.

FILED 6-10-1931

Oliver J. Miller

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1931

17. I HEREBY CERTIFY, That I attended deceased on July 19, 1931 to May 4, 1931, that I last saw him alive on Jan 27, 1931, and that death occurred, on the date stated above, at 4:30 pm.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of lungs

23A

CONTRIBUTORY (SECONDARY) 23

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Don't Know

DID AN OPERATION PRECEDE DEATH? No DATE OF ①

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS P.B. in specimen

(Signed) D. E. Schur M. D.

5-6, 1931 (Address) Jackson 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

McClard Cemetery

5-6 1931

20. UNDERTAKER

ADDRESS

Hamer's Funeral Home Cape Girardeau Mo

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

