

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

Do not use this space.

28979

1. PLACE OF DEATH

County Nodaway
Township Polk
City _____ (No. _____)

Registration District No. 625
Primary Registration District No. 3827

File No. _____
Registered No. 87
St. _____ Ward _____

2. FULL NAME Sarah Francis 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1st, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 7 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Randolph Co., N. C.

13. NAME Anderson Craven

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

15. MAIDEN NAME Fannie Gilliland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Carolina

17. INFORMANT Artie Craven
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Myrtle Tree DATE 8 26 1931

19. UNDERTAKER Price Furniture Co.
(ADDRESS)

20. FILED 8-26 1931 Mamie Clardy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1930, to Aug 26, 1931

I last saw him alive on Aug 20, 1931 Death is said to have occurred on the date stated above, at 3 a. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus

Other contributory causes of importance: _____
H. M. Hall

Name of operation None Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? No

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) H. M. Hall M. D.
(Address) Maryville Mo

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.

SEP 8 4 1931

