

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Merion Primary Registration District No. 3020
City Carthage (No.) St. Ward

File No. 1421
Registered No.

2. FULL NAME

Celestine Manker Allen
(a) Residence, No. 1101 Jersey St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 65 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1958

7. AGE YEARS 74 MONTHS — DAYS — IF LESS than 1 day, hrs. or min.

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) Green Castle 2 Louisiana

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31 Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Dr. Louis Potts Carthage, Missouri

18. BURIAL, CREMATION OR REMOVAL PLACE Clark Cemetery DATE Jan. 30 1932

19. UNDERTAKER (ADDRESS) K. M. Mortuary Carthage, Missouri

20. FILED 1-28 1932 C. W. Ketchum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27 1932

22. I HEREBY CERTIFY, that I attended deceased from Sept 8 1931 to Jan 27 1932
I last saw him alive on Jan 23 1932 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:

Angina Pectoris Sept 8, 31
94A 94W
Other contributory causes of importance:

23. Name of operation Date of
What test confirmed diagnosis? physical 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 ⓪

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) P. A. Webster, M. D.
(Address) Carthage 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.

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FEB 24 1932

