

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

Do not use this space.

5277

1. PLACE OF DEATH  
 5-6 County Lewis Registration District No. 479  
 3 Township La Belle Primary Registration District No. 4288  
 3 City La Belle (No) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Lelia Mabel 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  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Otto Allen  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8-1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 3 17  
 OCCUPATION 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. Housekeeping  
 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) Bolivar Mo  
 MOTHER FATHER 13. NAME Alexander Smith  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar Mo  
 15. MAIDEN NAME Lucretia West  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolivar Mo  
 17. INFORMANT Mrs. Hazel Reese  
 (ADDRESS) La Belle Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE La Belle Cemetery 2/27-1932  
 19. UNDERTAKER James T. Oeder  
 (ADDRESS) La Belle Mo  
 20. FILED 2/26 1932 J. L. Bourne  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1932  
 2. I HEREBY CERTIFY, That I attended deceased from Oct 1 1931 to Feb 25 1932  
 I last saw her alive on Feb 24 1932. Death is said to have occurred on the date stated above, at 2 P.M.  
 The principal cause of death and related causes of importance were as follows:  
T. B. of Lungs  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance \_\_\_\_\_  
 Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Walter M. Gray, M. D.  
 (Address) St. Louis City 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.

MAR 23 1932

MARRIAGE RESERVED FOR BINDING

