

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.

5278

1. PLACE OF DEATH  
56 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 Augusta Parker 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 OF (OR) WIFE OF Widow of Isaac Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1835

7. AGE YEARS 96 MONTHS 8 DAYS 3 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. 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) Augusta Maine

13. NAME John H. Parker

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

15. MAIDEN NAME Cynthia Adams

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

17. INFORMANT (ADDRESS) Mrs. L. T. Fellows  
La Belle Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE La Belle Mo DATE 2-15-32

19. UNDERTAKER (ADDRESS) Larry T. Corder  
La Belle Mo

20. FILED 2/15 1932 J. L. Borne  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15th, 1931, to Feb. 13th, 1932  
I last saw him alive on Feb. 13th, 1932 Death is said to have occurred on the date stated above, at 8.0 m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis  
Dist. Know.  
131  
131

Other contributory causes of importance:  
Myocardial failure & Dropsy  
1

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 \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) A. H. Filleard, M. D.  
(Address) La Belle Mo.

