

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

Do not use this space.

7902

1. PLACE OF DEATH

29 County Dade
 3 Township Greenfield
 2 City Greenfield (No.)

Registration District No. 287
 Primary Registration District No. 4144

File No.
 Registered No. 12
 St. Ward)

2. FULL NAME

Martha A. Allen

(a) Residence. No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

B. J. Allen

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

Nov. 11-1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

71

3

20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

none

(b) General nature of industry, business, or establishment in which employed (or employer)

none

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

unknown
Arkansas

10. NAME OF FATHER

Marshall Buchanan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown
Arkansas

12. MAIDEN NAME OF MOTHER

Margaret Sharp

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

unknown
Arkansas

14. INFORMANT

(Address)

Mrs. Henry Talbott
Greenfield, Mo.

15. FILED

4-1, 1932

E. O. Ball

REGISTRAR

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

Mar. 1 1932

17.

I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1932
 that I last saw her alive on March 1, 1932, and that death occurred, on the date stated above, at 9:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Heart disease

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Geo. L. Weir

M. D.

, 19

(Address)

Greenfield 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

Greenfield Cem.

Mar. 2, 1932

20. UNDERTAKER

ADDRESS

Harrison Undertaking Co. Greenfield Mo.

at. B.—every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACT statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

APR 6 1932

