

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

Do not use this space.

11087

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence, No.....

St.....

Ward.....

(Usual place of abode)

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

Joseph P. Alloway

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

April 26-1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

61

11

4

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

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

✓

46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bismills

Mo 1

FATHER

13. NAME

James Reed

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

West Virginia

MOTHER

15. MAIDEN NAME

May C. Miller

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

West Virginia

17. INFORMANT (ADDRESS)

Joseph Alloway

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

4-3-32

19. UNDERTAKER (ADDRESS)

Temper and Co.

20. FILED

31 1932

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1932, to March 30, 1932

I last saw her alive on March 29, 1932. Death is said

to have occurred on the date stated above, at 2:30 A.M.

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

Carcinoma of Liver & Brain

Date of onset

Feb 16

Carcinoma Thyroid removed

Aug 1931

Primary seat in Parotid Gland

Other contributory causes of importance:

Name of operation

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? No

If so, specify

(Signed)

(Address)

Reuben B. Alford

Resident Building.

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.

WHITE (LARGE), WITH UNFADING INK—THIS IS A PERMANENT RECORD

