

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.

1. PLACE OF DEATH

5 County Barry Co
City Barry (No. 2071)
St. Mo. Ward 1

Registration District No. 2071

Primary Registration District No. 2071

File No. 1874

Registered No. 1874

2. FULL NAME

(a) Residence, No. 70 St. Mo. Ward. 1
(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)

SINGLE

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

70.

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

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

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)

Barry Co. Mo.

13. NAME

Edna P. Allen

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

Barry Co. Mo.

15. MAIDEN NAME

Dolley McMillen

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

Barry Co. Mo.

17. INFORMANT (ADDRESS)

Mrs. L. S. Sharke

18. BURIAL, CREMATION, OR REMOVAL

PLACE McClure Cemetery DATE July 29, 1932

19. UNDERTAKER (ADDRESS)

Fairview Funeral Home, Fairview Mo.

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 28, 1932

22. I HEREBY CERTIFY That I attended deceased from

July 10, 1932 to July 28, 1932

I last saw her alive on July 28, 1932 Death is said

to have occurred on the date stated above, at 3 P. m.

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

Tuberculosis meningitis
23A
24A
23

Date of onset

Other contributory causes of importance:

Pulmonary tuberculosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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) S. A. Russell, M. D.

(Address) Fairview Mo.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Barry Registration District No. 30
Township Capp Creek Primary Registration District No. 3041
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 - 1917
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 8 4

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Barry Co. Mo.

FATHER
13. NAME Edgar P. Allen

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

MOTHER
15. MAIDEN NAME Holley McMillian

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

17. INFORMANT (ADDRESS) Norma L. Allen

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE July 29, 1932

19. UNDERTAKER (ADDRESS) Fairview Funeral Home

20. FILED 9-3- 1932 W. M. West Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932 to July 28, 1932
I last saw him alive on July 28, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis
pneumonia
ingestive

Other contributory causes of importance:
Tuberculosis
pneumonia
ingestive

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) S. D. Russell M. D.
(Address) Fairview

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
Every item of information should be carefully checked. Exact statement of OCCUPATION is very important.
CAUSE OF DEATH in plain terms, so that it may be understood.

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