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.

Credit

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

G V Barry

Do not use this space.

21874

1. PLACE OF DEATH

5 County Barry Co. Registration District No. 30 File No.

Township ~~Ash Pirates~~ Creek Primary Registration District No. 2041 Registered No.

City ...... (No. ...... St. ...... Ward)

2. FULL NAME Irene Emanalle Allen.

(a) Residence, No. Non ...... 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: Fedal
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: No.

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

7. AGE: YEARS 14, MONTHS 8, DAYS 4. If LESS than 1 day, ...hrs. or ......min.

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. 1

FATHER

13. NAME Elder P. Allen

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

MOTHER

15. MAIDEN NAME Dolley McMillen

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

17. INFORMANT Mora L. Starks (ADDRESS)

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

19. UNDERTAKER Fairview Funeral Home, (ADDRESS) 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: Date of onset

Tuberculous meningitis

23A

24A 23

Other contributory causes of importance:

Pulmonary Tuberculosis

(1)

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? No

If so, specify ......

(Signed) S A Russell, M. D.

(Address) Fairview Mo

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very important

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B.—Eve

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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 — File No.
Township Capps Creek — Primary Registration District No. 5041 — Registered No.
City (No. St. Ward)

2. FULL NAME Irene 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 F
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 14 — MONTHS 8 — DAYS 4 — If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Elker P. Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co

MOTHER
15. MAIDEN NAME Dolley McMillian
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton

17. INFORMANT Nora L. Starks (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet — DATE July 29 1932

19. UNDERTAKER Fairview Funeral Home (ADDRESS) Fairview Mo

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 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: Date of onset
Tubercular Meningitis

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, 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. A. Russell M. D.
(Address) Fairview Mo

SUPPLEMENTARY

21874