

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

Do not use this space.

23458

1. PLACE OF DEATH
 67 County Miss Registration District No. 996
 Township Miss Primary Registration District No. 5366
 City Miss-co-1710 (No. _____) St. _____ Ward _____

2. FULL NAME Jennie Allen
 (a) Residence, No. Quino Mo St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 35 yrs. 2 mos. 16 ds. (If nonresident, give city or town and State)
 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE <u>35</u>	YEARS <u>2</u>	MONTHS <u>16</u>	DAYS <u>16</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife 235</u>			
	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) <u>Texas ark 2</u>				
FATHER	13. NAME <u>Johnie Allen</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas ark 2</u>				
MOTHER	15. MAIDEN NAME <u>Jemie</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas ark</u>				
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clevidence 909</u> DATE <u>7-9</u> 19 <u>32</u>				
19. UNDERTAKER (ADDRESS) <u>Ed Shelby East Prairie Mo</u>				
20. FILED _____ 19 _____ Registrar.				

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932, to July 15, 1932
 I last saw h. or alive on July 14, 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:
Confinement Date of onset _____
1491
149B
 Other contributory causes of importance: _____

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) Dr Marshall M. D.
Wyatt Mo
 (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 24 1932

