Dr. Marshall
Wyatt, Mo

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

Do not use this space.

26797

47 1. PLACE OF DEATH
County Mississippi
Township St James
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 567
Primary Registration District No. 5763

File No. .....
Registered No. 60

2. FULL NAME Jennie 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.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo.

OCT 27 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
4. COLOR OR RACE C.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14 1898

7. AGE YEARS 34 MONTHS 2 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 255
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) Ark. 2

FATHER
13. NAME Scott Southern
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama.

MOTHER
15. MAIDEN NAME Sarah Fair 31
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT John Allen.
(ADDRESS) East Prairie, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crozno Mo. DATE Aug 11 1932

19. UNDERTAKER Fraiz Shelby
(ADDRESS) East Prairie Mo

20. FILED Sept 30 1932 D. Huff M Hodges
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1932 to Aug 10 1932
I last saw her alive on Aug 10 32 30 1932 Death is said to have occurred on the date stated above, at 10 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal obstruction	
PAPB	
22 Hy B	

Other contributory causes of importance
Cold bath

(1)

Name of operation none Date of .....
What test confirmed diagnosis? Clyn Symp 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) A. Marshall, M. D.
(Address) Wyatt Mo