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

Do not use this space.

28486

File No.
Registered No.

1. PLACE OF DEATH
11 County Buchanan Registration District No. 83
Township Jackson Primary Registration District No. 5118
City (No. St. Ward)

2. FULL NAME Helen Eugenie Allnutt

(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.

OCT 24 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-15-1855

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	4	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home Keeping
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Platte Co
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Ussery
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee 2
12. MAIDEN NAME OF MOTHER Betty Cocoum
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

14. INFORMANT S. J. Ussery
(Address) Fairfax Mo.

15. FILED 9/2, 1932 W. L. Hull REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 1st 1932

17. I HEREBY CERTIFY, That I attended deceased from None, 19..., to None, 19..., that I last saw h... alive on Never, 19..., and that death occurred, on the date stated above, at ....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Natural Causes Died without medical attention

20 DA (duration) ...yrs. ...mos. ...ds.
CONTRIBUTORY (SECONDARY)
(duration) ...yrs. ...mos. ...ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Viewed the body.
(Signed) S. L. Dunham, M. D.
, 19 (Address) Dearborn Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Helena Mo. Union Chapel Cem.	Sept 3. 1932
20. UNDERTAKER	ADDRESS
Lucian Davis	Deaton Mo.

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.