

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

Do not use this space.

32044

1. PLACE OF DEATH

County Harrison Registration District No. 334
Township _____ Primary Registration District No. 34197
City Bethany (No. _____) St. _____ Ward _____

File No. 691
Registered No. _____

2. FULL NAME

Emma Hazel 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/23/1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 3 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

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) Harrison Co., Mo.

13. NAME John Ballard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co., Mo.

15. MAIDEN NAME Lola M. Barlow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co., Mo.

17. INFORMANT Bert S. Allen
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany, Mo. DATE 10/7 1932
Pythian Cemetery

19. UNDERTAKER S. M. Haas
(ADDRESS) Bethany, Mo.

20. FILED 10/10 1932 J. J. Harmed
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 5 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2 1932, to Oct 5 1932

I last saw h. w. alive on Oct 5 1932 Death is said to have occurred on the date stated above, at 6:30 P. m.

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

Riphteria Date of onset Oct 4-32

10/10

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Sub. 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 _____, 1932

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 (3)
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) E. M. Pappert, M.D. M.-B.
(Address) Bethany, 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.

Oct 26 1932

