

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

Do not use this space.

1. PLACE OF DEATH

17 County Carroll Registration District No. 134
Township Ridge Primary Registration District No. 2780
City Rossmore (No. _____)

File No. 38785
Registered No. _____
St. 24 Ward _____

2. FULL NAME

(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 Girl 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 24th 1932
7. AGE YEARS MONTHS DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Carroll CO. MO. (STATE OR COUNTRY) 1

13. NAME Claude Allen
14. BIRTHPLACE (CITY OR TOWN) Colorado (STATE OR COUNTRY) 2

15. MAIDEN NAME Grace Small
16. BIRTHPLACE (CITY OR TOWN) ILL. (STATE OR COUNTRY)

17. INFORMANT Claude Allen (ADDRESS) Denver Colo

18. BURIAL, CREMATION, OR REMOVAL PLACE Raymore, MO. DATE DEC. 30 19 32

19. UNDERTAKER Lucis Legend (ADDRESS) 1305 W. 11th MO

20. FILED Dec. 30 19 32 Mrs. Ross Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29, 1932
22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1932 to Dec 29, 1932
I last saw her alive on Dec 28, 1932 Death is said to have occurred on the date stated above, at H. C.

The principal cause of death and related causes of importance were as follows:
Failure of Heart to circulate
157C
159
159
Other contributory causes of importance:
Premature Birth
Date of onset (1)

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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?
If so, specify _____
(Signed) C. J. Proctor M. D.
(Address) Raymore, 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.

JAN 22 1933

