

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

Do not use this space.

39107

1. PLACE OF DEATH
35 County Dunklin
Township _____
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 287
Primary Registration District No. 5405

File No. _____
Registered No. 37

2. FULL NAME Vina 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Johnny Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 19 - 1869</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>1</u>
	DAYS <u>15</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>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	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>Ill</u>		
FATHER	13. NAME <u>Hugh H Parks</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>Dont Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont Know Ill</u>	
17. INFORMANT <u>Annie Allen</u> (ADDRESS) <u>Hornersville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Ridge Cem</u> DATE <u>12-25</u> 19 <u>32</u>		
19. UNDERTAKER <u>Leitch Funeral Co</u> (ADDRESS) <u>1212 1/2 E. 2nd St. Mo</u>		
20. FILED <u>12-30</u> 19 <u>32</u> <u>E. H. Cape</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 24 1932

22. I HEREBY CERTIFY, that I attended deceased from Dec 22 1932 to Dec 24 1932
I last saw her alive on Dec 22 1932 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:
Influenza Pneumonia (Pneumonia)
11A
107A
Date of onset 12/19/32

Other contributory causes of importance:
(1)

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) E. H. Cape J. M. D.
(Address) Hornersville Mo

WRITE PERMANENTLY 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 2 1933

