

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

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

Do not use this space.

1. PLACE OF DEATH  
35 County Dunklin Registration District No. 287  
Township \_\_\_\_\_ Primary Registration District No. 5405  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
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.

39107

File No. \_\_\_\_\_  
Registered No. 37  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19-1869  
7. AGE YEARS 63 MONTHS 1 DAYS 5 If LESS than 1 day, hrs. or min.  
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) Ill  
13. NAME Hugh H Parks  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
15. MAIDEN NAME Dont Know  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know  
17. INFORMANT Annie Allen  
(ADDRESS) Hornersville Mo  
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Ridge Cem DATE 12-25  
19. UNDERTAKER Leitch Funeral Co  
(ADDRESS) 212 E. 1st St  
20. FILED 17-75 1933 22 Cap

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 him 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 Date of onset 12/9/32  
107A  
Other contributory causes of importance: \_\_\_\_\_  
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 M. D.  
(Address) Hornersville Mo

