

WHITE 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.

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

Do not use this space.

40470

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File No.
Registered No. 17 St. Ward)

JAN 27 1933

1. PLACE OF DEATH
County Lewis
Township
City Lewistown (No. St. Ward)

Registration District No. 481
Primary Registration District No. 4290

2. FULL NAME Nancy E. Allen

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. R. Allen				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June. 11 .1847				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	85	6	19	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home			
	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. 4		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamston Co. Ky. 2				
FATHER	13. NAME Henry Wilson			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.			
MOTHER	15. MAIDEN NAME Catherine Christman			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.			
17. INFORMANT Mrs Lillian Allen (ADDRESS) Lewistown, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Lewistown, Mo. DATE Jan. 1, 1933				
19. UNDERTAKER James A. Coder (ADDRESS) Lewistown, Mo.				
20. FILED Dec 31, 1933 J. C. Bryner Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Dec 21, 1932, to Dec 30, 1932. I last saw him alive on Dec 30, 1932. Death is said to have occurred on the date stated above, at 12 Noon. The principal cause of death and related causes of importance were as follows:
Dec
Here
11 15
11 15
Other contributory causes of importance: Old age. (3) years

Name of operation Date of
What test confirmed diagnosis? None 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? No
If so, specify
(Signed) Harry J. M. Crocker D.D., M.D.
(Address) Lebanon Mo.

