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.

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

Do not use this space.

791
1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 41900

Township ..... Primary Registration District No. ..... Registered No. 10989

City St Louis (No. 5973 Kennerly St. ..... Ward)

2. FULL NAME Mrs Alice Allen

(a) Residence, No. 5973 Kennerly St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18-1870

7. AGE: YEARS 62 | MONTHS 19 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Cincinnati Ohio

FATHER

13. NAME Charles Enyart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER

15. MAIDEN NAME Sarah Dodd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) William Adams 1225 Union Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walhalla DATE Dec 13 1932

19. UNDERTAKER (ADDRESS) Chas F Stuart 1225 Union Blvd

20. FILED DEC 12 1932 Max C Harkey Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 7, 1932, to Dec 10, 19....

I last saw her alive on Dec 10, 1932. Death is said to have occurred on the date stated above, at 12 noon m.

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

	Date of onset
Cardio-Vascular Renal disease	
Arteriosclerosis - Chr.	
Hypertension	
131	
82A	
97	
131	

Other contributory causes of importance:

Cerebral apoplexy involving all of rt side
Hemorrhage in region of 3rd convolution
of cerebrum of left side — 3 days

Name of operation none 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? no Date of injury ....., 19....

Where did injury occur? no (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) John B Turnon, M. D.

(Address) 3718 Jennings Rd.