

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

Do not use this space.

Dr. Fullington
1014

1. PLACE OF DEATH

37 County Breese Registration District No. 318 File No. _____
Township _____ Primary Registration District No. 2001 Registered No. 60
City Springfield Mo. 981 N. Broadway St. _____ Ward _____

2. FULL NAME

Ms. Allie J. Green
(a) Residence, No. 981 N. Broadway Ward _____
(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. (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 widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1849
7. AGE YEARS 83 MONTHS 3 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Scott Co. Mo. (STATE OR COUNTRY)

13. NAME _____

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

15. MAIDEN NAME Martha Spindicks

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

17. INFORMANT Ms. T. B. Pennefax (ADDRESS) 981 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park DATE Jan 17, 1933

19. UNDERTAKER Alma Sabmeyer (ADDRESS) 534 St. Louis St

20. FILED 1-17, 1933 Ralph H. ... Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1933

22. I HEREBY CERTIFY That I attended deceased from Dec 24 1932 to Jan 15 1933
I last saw her alive on Jan 10 1933 Death is said to have occurred on the date stated above, at 2:58 P.M.
The principal cause of death and related causes of importance were as follows:
Pneumonia
11A Bronchis
101A
11W

Other contributory causes of importance:
Asphyxia

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Dr. Fullington, M. D.
(Address) Springfield 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.

