

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

Do not use this space.

4951

1. PLACE OF DEATH

County Camden
Township Angloize
City Angloize

Registration District No. 275
Primary Registration District No. 5170B

File No.
Registered No. 4 St. Ward)

2. FULL NAME

(a) Residence, No. St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Girl 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 2 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) (STATE OR COUNTRY) Camden Co Mo

13. NAME John Allee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Mo

15. MAIDEN NAME Golda Colvin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co Mo

17. INFORMANT (ADDRESS) W. T. Allee
Richland. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Union DATE Feb 22 1933

19. UNDERTAKER (ADDRESS) none

20. FILED 2-21-1933 MO P. O. Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1933 to Feb 21 1933

I last saw him alive on Feb 21 1933 Death is said

to have occurred on the date stated above, at 7 P. m.

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

Broncho Pneumonia Date of onset 2-16-33

107A

107A

Other contributory causes of importance:

unknown

Name of operation none Date of

What test confirmed diagnosis Sed. Diag. 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

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) Everett A. Oliver M. D.

(Address) Richland Mo.

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

1968

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

1968

THE UNIVERSITY OF CHICAGO
LIBRARY
540 EAST 57TH STREET
CHICAGO, ILL. 60637

1968