

WRITE PEAK, 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.

8139

1. PLACE OF DEATH

County Saline
Township Cambridge
City State (No. 1)

Registration District No. 77
Primary Registration District No. 10221

File No. 7
Registered No. 7 St. 7 Ward

2. FULL NAME

(a) Residence, No. Velma Allen St. 7 Ward 7
(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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 10

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-28-1914

7. AGE YEARS 18 MONTHS 10 DAYS 18 If LESS than 1 day, hrs. or min.

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

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

13. NAME Frank Officer

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

15. MAIDEN NAME Maudie Wilson

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

17. INFORMANT Maudie Allen (ADDRESS) 22 William, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE State Mo DATE 3/19/32

19. UNDERTAKER Hill Brothers (ADDRESS) State Mo

20. FILED Feb 18 1932 W. M. Marshall Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17, 1932

22. I HEREBY CERTIFY That I attended deceased from About June 1- 1932, to About Dec 1- 1932

I last saw her alive on About Oct 15, 1932. Death is said to have occurred on the date stated above, at 8 A. m.

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

Patient Suffered With Tuberculosis of The Lungs. Date of onset Sept 18, 1931

Other contributory causes of importance:

None that I know of.

Name of operation none Date of 5/23/32
What test confirmed diagnosis? Physician Was there an autopsy? Yes

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) W. H. Madison, M. D.
(Address) Marshall Mo.

