

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

Do not use this space.

8214

1. PLACE OF DEATH

County Madison

Township Richards

City

Registration District No. 839

Primary Registration District No. 6101

File No. 8

Registered No. 85

St. Ward

2. FULL NAME

Maud Allston

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>2</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ray Allston</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 6 1894</u>		
7. AGE <u>38</u>	YEARS <u>4</u>	MONTHS <u>20</u>
DAYS <u>5</u>		IF LESS than 1 day, hrs. min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.	<u>-</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>at home</u>
	10. Date deceased last worked at this occupation (month and year)	<u>✓</u>
	11. Total time (years) spent in this occupation	<u>23</u>

12. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

13. NAME Henry Daltzman

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

15. MAIDEN NAME Clay Perkins

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

17. INFORMANT Ray Allston
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Essex mo DATE 10/2 1933

19. UNDERTAKER W. Harrison
(ADDRESS)

20. FILED 2-2 1933 J. P. Branden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1 1933

I HEREBY CERTIFY, that I attended deceased from Jan 10 1933 to Jan 31 1933

I last saw her alive on Jan 31 1933 Death is said

to have occurred on the date stated above, at 90 m.

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

Pulmonary Tuberculosis Date of onset not known

Other contributory causes of importance:

Name of operation ✓ Date of ✓

What test confirmed diagnosis? ✓ 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

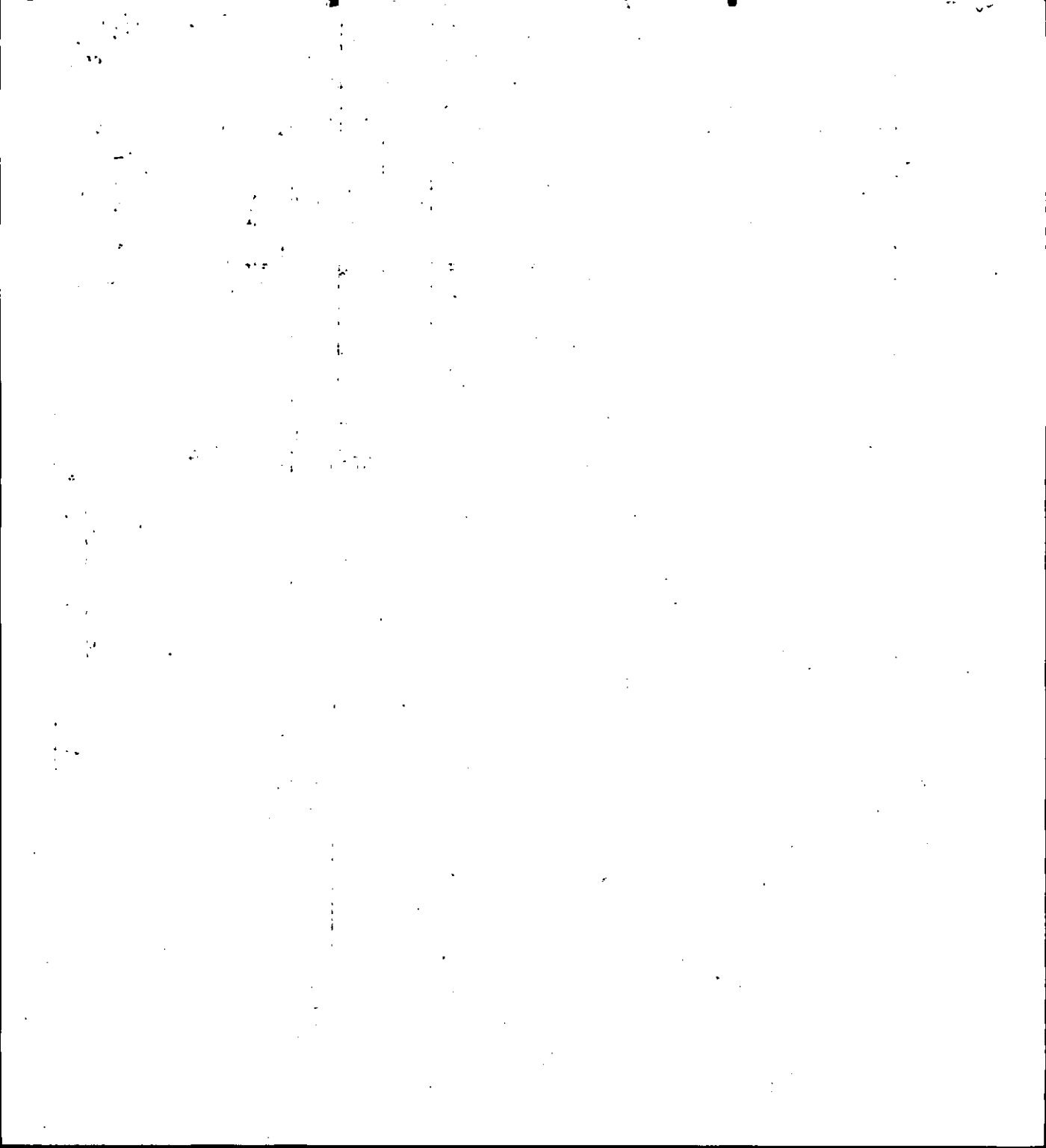
24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. H. Hark, M. D.

(Address) Essex mo

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.



**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

County Standard
Township Richland
City _____

Registration District No. 839
Primary Registration District No. 6101

File No.
Registered No.
St. Ward

(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.
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MEDICAL CERTIFICATE OF DEATH

3. SEX <i>F</i>	4. COLOR OR RACE <i>W</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>M</i>
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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from

_____, to _____, 19____

I last saw h..... alive on..... 19..... Death is said

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

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

Date of onset:

Date of onset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept. 6 - 1894</i>				
AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or min.
<i>X</i>	<i>38</i>	<i>4</i>	<i>20</i>	

Z O	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....	
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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)**

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT...
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

19. UNDERTAKER
(ADDRESS)

20. FILED _____ 19 _____

Registrar:

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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)

Exhibit, whether in, out of, or on the premises, in house, 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) _____ M. D.

(Addendum)

YEAR) Sept. 6 - 1894

MONTHS	DAYS	IF LESS than 1 day, ... hrs. or min.
<u>4</u>	<u>25</u>	

lar
er,

ch
hill,

at
and

11. Total time (years)
spent in this
occupation.....

Other contributory causes of importa

Name of operation.....

What test confirmed diagnosis?.....

23. If death was due to external cause
Accident, suicide, or homicide?.....

Where did injury occur?.....

(Spec

Specify whether injury occurred in in

Manner of injury.....

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