

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

Do not use this space.

Dr. Lee Cox
12952

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.

MAY 22 1933

1. PLACE OF DEATH
 County Merue Registration District No. 318
 Township Springfield Mo. Primary Registration District No. 2001
 City Springfield Mo. 1051 N. Clay St. _____ Ward _____

2. FULL NAME Helma Mala Jane Allen
 (a) Residence, No. 1051 N. Clay 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
app) 66

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Brighton Mo.

FATHER 13. NAME Robertus Swadley

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT C. M. Allen
 (ADDRESS) 1051 N. Clay

18. BURIAL, CREMATION, OR REMOVAL PLACE Chapelawn DATE April 23, 1933

19. UNDERTAKER Alma J. Meyers
 (ADDRESS) Springfield Mo.

20. FILED 7-23-33 1933 Harphur Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1933 to April 22, 1933
 I last saw her alive on April 22, 1933. Death is said to have occurred on the date stated above, at 7:56 A. M.
 The principal cause of death and related causes of importance were as follows:
Labar Pneumonia
108
108

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) Lee Cox, M. D.
 (Address) 223 1/2 South

Date of onset

