

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.

JUN 24 1933

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

Do not use this space.

18600

1. PLACE OF DEATH

County Saline

Registration District No. 796

Township

Primary Registration District No. 3038

City

Marshall

(No.)

St.

Ward)

2. FULL NAME

Rubina Allen

(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

F

4. COLOR OR RACE

W

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)

Oct. 10, 1857

7. AGE

YEARS

76

MONTHS

7

DAYS

14

IF LESS than 1 day, hrs. or min.

OCCUPATION

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

Housewife

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

95 B

100 A

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

Kentucky

FATHER

13. NAME

William W. Allen

MOTHER

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

Kentucky

15. MAIDEN NAME

Mary Olive Ward

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

Kentucky

17. INFORMANT

(ADDRESS)

William Cary Allen Marshall mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Ridge Park

DATE

May 27, 1933

19. UNDERTAKER

(ADDRESS)

Wardner Spillner Marshall mo

20. FILED

6-6-

1933

A. C. Putnam

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1933 to May 24, 1933

I last saw him alive on May 23, 1933. Death is said

to have occurred on the date stated above, at 7:30 p.m.

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

Ascidia -

Renal

Chronic Bronchitis

1931

1900

Other contributory causes of importance:

Chronic Bronchitis

1900

Name of operation

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? no Date of injury

Where did injury occur? no (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) Wardner Spillner M. D.

(Address) Marshall mo

