

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.

JUL 20 1933

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

Do not use this space.

1. PLACE OF DEATH

County BUCHANAN

Registration District No. 80

Township

Primary Registration District No. 1001

City ST. JOSEPH

(No. 2207, Sylvania

File No.

19007

Registered No.

664

St. Sylvania Ward)

2. FULL NAME

Elizabeth Allen

(a) Residence, No. 2207 Sylvania

St.

Ward.

(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

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Widowed

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

About 1871

7. AGE

YEARS

62

MONTHS

Unknown

DAYS

Unknown

If LESS than 1 day, hrs.

or min.

OCCUPATION

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

Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Domestic

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)

Platt City Mo.

FATHER

13. NAME

Unknown

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

Unknown

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Mrs. Ole Armstrong 2313 Charles St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Platte City Mo. DATE July 3rd 1933

19. UNDERTAKER (ADDRESS)

RAMSEY'S MORTUARY 9th & Olive Sts.

20. FILED

7-3-33

John P. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 30th 1933

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1933 to June 29, 1933

I last saw her alive on June 29, 1933 Death is said to have occurred on the date stated above, at 2:25 a.m.

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

Cancer of the Liver and Toxic Thyroid

Date of onset

Date

con-

fin-

5-18-

Other contributory causes of importance:

Name of operation None

Date of None

What test confirmed diagnosis Clinical Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19

Where did injury occur? None

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed)

Ex. H. H. H., M. D.

(Address) 1908 Messanie St.

ST. JOSEPH, MO.

