

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

Do not use this space.

21987

1. PLACE OF DEATH
County Saline Registration District No. 796
Township Marshall, Mo. Primary Registration District No. 3038
City Marshall, Mo. St. Mo. Ward

2. FULL NAME Elizabeth Allen
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1849
7. AGE YEARS 84 MONTHS - DAYS - If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
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) Saline, Co. (STATE OR COUNTRY)

13. NAME Miller Thornton

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

15. MAIDEN NAME Unknown

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

17. INFORMANT James Allen (Son) (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Not stated DATE June 20, 1933

19. UNDERTAKER J. L. Burdette (ADDRESS) Marshall, Mo.

20. FILED 7-3- 1933 A. C. Putnam Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/19 1933
22. I HEREBY CERTIFY, That I attended deceased from 5-1 1933, to 6-19 1933
I last saw h. W alive on 6-18 1933 Death is said to have occurred on the date stated above, at 2:10 P. m.
The principal cause of death and related causes of importance were as follows:
Myocardial Infarction
Date of onset 1930

Other contributory causes of importance:
Arteriosclerosis
Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None 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. H. H. M. D.
(Address) Marshall, Mo.

