

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

Do not use this space.

**23660**

1. PLACE OF DEATH **Linn**

County.....

Registration District No. **496**

File No. ....

Township.....

Primary Registration District No. **3025**

Registered No. **52**

City **Brookfield**

(No. **713 N. Main**)

St. **2nd** Ward)

2. FULL NAME **Coralyn K. Allen**

(a) Residence, No. **713, N. Main** St., ..... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **47** yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **F** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 25, 1861**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**71 10 19**

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. **At home**  
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) **Potter county Pa.**

13. NAME **Isreal Putnam Keltz**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Potter Co. Pa.**

15. MAIDEN NAME **Hannah Lockwood Potter Co., Pa.**

17. INFORMANT **Miss B. Enid Allen** (ADDRESS) **Brookfield, Mo**

18. BURIAL, CREMATION, OR REMOVAL **Rose Hill** PLACE DATE **7/16/33**

19. UNDERTAKER **C.W. Hill** (ADDRESS) **Brookfield, Mo**

20. FILED **7-16-33** **Le E. Jenkins** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7/14/33** .19

22. I HEREBY CERTIFY, That I attended deceased from **July 23** 19**33**, to **July 14** 19**33**

I last saw her alive on **July 14** 19**33** Death is said to have occurred on the date stated above, at **6:40 a. m.**

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

**Cerebral Hemorrhage** Date of onset **6/23**  
**Heart Exhausted** **7/14**

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

What test confirmed diagnosis **Autopsy** Was there an autopsy? **No**

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? **No**

If so, specify..... (Signed) **E. D. Spangler**, M. D.

(Address) **Brookfield, 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. AUG 28 1933

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

