

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.

NOV 10 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

33967

1. PLACE OF DEATH  
 78 County Pemiscot Registration District No. 65-3  
 Township Hayti Primary Registration District No. 5864  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Pearl Allen  
 (a) Residence, No. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) Hayti Mo (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 C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
35 2 11

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. Same

10. Date deceased last worked at this occupation (month and year) Apr 1933 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME John Wade

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

15. MAIDEN NAME Bora Brown

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

17. INFORMANT Harry Allen  
 (ADDRESS) Hayti Mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Hayti County DATE 10/22 1933

19. UNDERTAKER T. J. Smith, Col  
 (ADDRESS) Hayti Mo

20. FILED 10-22-1933 John Johnson  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/21 1933

22. I HEREBY CERTIFY, That I attended deceased from 10/18 1933 to 10-21 1933  
 I last saw him alive on 10/21 1933 Death is said to have occurred on the date stated above, at 5 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Acute malarial fever Date of onset 10/15-33  
38  
 Other contributory causes of importance: 38

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? Yes  
 If so, specify Phosphorus  
 (Signed) John Johnson, M. D.  
 (Address) Hayti Mo

