

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Towship White River
City (No.)

Registration District No. 38
Primary Registration District No. 2035

File No. 1 **35597**
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Word.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 8 mos. 3 ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 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) 3-13-33

7. AGE YEARS MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Garden
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Preston Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Hazel McDermott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Parkville
(STATE OR COUNTRY) Mo

14. INFORMANT Arthur Allen
(Address) Garden Mo

15. FILED 11/19/33 Emma Weddington
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 16 - 1933

17. 11-11- 1933, to 11-16 1933
I HEREBY CERTIFY, That I attended deceased from 11-11- 1933, to 11-16 1933, and that I last saw h. lx alive on 11-13- 1933, and that death occurred, on the date stated above, at 9:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro Enteritis
119B

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. G. Phelps, M. D.

, 19 (Address) Grandview Ark 1st

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL McGuire Cemetery

DATE OF BURIAL 11-17 1933

20. UNDERTAKER Friends

ADDRESS

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.

