

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

39137

1. PLACE OF DEATH

County BonneRegistration District No. 73Township ClintonPrimary Registration District No. 3006City Columbia (No.)

St. Ward)

2. FULL NAME Mrs Nellie Jane Allen(a) Residence, No. 1610 Antonia St., Ward.

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 Female4. COLOR OR RACE white5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Allen6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-30-1870

7. AGE

YEARS 63MONTHS 8DAYS 16

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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) Arcadia (STATE OR COUNTRY) Kansas

FATHER

13. NAME John Milburn Gress14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Elizabeth Sisby16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)17. INFORMANT Miss May Allen (ADDRESS) Columbia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rich Hill MoDATE 12/19/193319. UNDERTAKER Thos. McKays (ADDRESS) Columbia Mo20. FILED 12/19/1933Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1933

22. I HEREBY CERTIFY, That I attended deceased from 19...., to 19....

I last saw him alive on Dec. 16, 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:

Diabetes Do not Diagnose

Other contributory causes of importance:

Name of operation None Date of NoneWhat test confirmed diagnosis? Lab. Was there an autopsy? No

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

Accident, suicide, or homicide? No 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 No

Nature of injury

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

If so, specify

(Signed) W. P. Dyar, M. D.(Address) Columbia, Mo.

