

MAR 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space

1. PLACE OF DEATH

County MillerRegistration District No. 5-61Township EdsonPrimary Registration District No. 4930City Edson (No. _____)File No. 1880-5Registered No. 2

St. _____ Ward _____

2. FULL NAME Maggie Allen

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MaleWWidowed

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

Rodrick C. Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 9 1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

82529House wife

OCCUPATION

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.

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)

Canada

13. NAME

Matthew Leitch

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

Ireland

15. MAIDEN NAME

Elizabeth Stiles

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

Ireland

17. INFORMANT

Mrs. Lydia M. Watson

(ADDRESS)

Edson, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Independence, Mo.

PLACE

Woodland Cemetery

DATE

Jan 10 1933

19. UNDERTAKER

Phillips Funeral Home

(ADDRESS)

Edson, Mo.

20. FILED

1-9

1933

Belle Haynes

Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

1-8193422. I HEREBY CERTIFY, That I attended deceased from 11-20, 1933, to 1-8, 1934I last saw her alive on 1-8, 1934. Death is saidto have occurred on the date stated above, at 6:25 P.M.

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

Gastric Carcinoma46BDate of onset 1-1-33

Other contributory causes of importance

Alcohol, Preg.

Name of operation

Date of

What test confirmed diagnosis? Alcohol. 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. C. Shelton

, M. D.

(Address) Edson, Mo.

