

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Andrew Co. Registration District No. 26
Township Salisbury Primary Registration District No. 3002
City Murphy Mo. (No. _____) St. _____ Ward _____

File No. 3820
Registered No. 19

2. FULL NAME Mrs. Lorena Allen

(a) Residence, No. Clark Mo: R. 5. St. _____ Ward _____
(Usual place of abode)

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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-8-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 1

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

13. NAME George McKenzie

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

15. MAIDEN NAME Sarah Elizabeth Newberry

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

17. INFORMANT Anstis Allen (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Appleson Chapel DATE Feb-11 1934

19. UNDERTAKER D. S. & Barnes (ADDRESS) Sturgeon, Mo.

20. FILED 2-10 1934 Dr. D. Milligan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1934, to Feb 9 1934
I last saw him alive on Feb 9 1934. Death is said to have occurred on the date stated above, at _____ m.

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

Septicemia - Streptococcus
(origin unknown)
Date of onset 7

Other contributory causes of importance:

Name of operation NO Date of _____
What test confirmed diagnosis? Blood Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none 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? _____

If so, specify _____

(Signed) R. S. Williams, M. D.

(Address) Mexico mo

