

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.

MAR 24 1934

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

7504

## 1. PLACE OF DEATH

County Sullivan  
 Township Taylor  
 City Humphrys (No. ....)

Registration District No. 851  
 Primary Registration District No. 6119

File No. ....  
 Registered No. 11  
 St. .... Ward.

## 2. FULL NAME

Patsy Ann Allen

(a) Residence, No. .... 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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2 1934</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>21</u>
If LESS than 1 day, ..... hrs. or ..... min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>		
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		
11. Total time (years) spent in this occupation <u>✓</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Humphrys Mo</u>		
13. NAME <u>Marcell Allen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Humphrys Mo</u>		
15. MAIDEN NAME <u>Donnah Mabry</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Humphrys Mo</u>		
17. INFORMANT <u>Marcell Allen</u> (ADDRESS) <u>Humphrys Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Humphrys Mo</u> DATE <u>Feb 24 1934</u>		
19. UNDERTAKER <u>W. H. Galt &amp; Son</u> (ADDRESS) <u>Galt Mo</u>		
20. FILED <u>Feb 24 1934</u> <u>Corelia Shaver</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-2-1934 to 2-23-1934  
 I last saw her alive on 2-23-1934 Death is said to have occurred on the date stated above, at 4:10 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Septic Neonatorum  
1:15  
1:50  
12:50  
 Other contributory causes of importance:  
Umbilical hemorrhage  
2-22-34

Name of operation ✓ Date of ✓  
 What test confirmed diagnosis clinical 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) U. C. Weston M. D.  
 (Address) Galt, Mo.

