

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.

**MAR 24 1934**

**1. PLACE OF DEATH**

County Callaway  
Township Cleveland  
City (No. ....) St. .... Ward)

Registration District No. 111  
Primary Registration District No. 5-168

File No. 8101  
Registered No. ....

**2. FULL NAME**

Annie E. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-18-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 5 15

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) (STATE OR COUNTRY) Kentucky

13. NAME Lot Eekley

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

15. MAIDEN NAME Annie E. McKallip

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

17. INFORMANT (ADDRESS) Annie B. Allen  
Stephens store

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Chapel DATE 3/5/34

19. UNDERTAKER (ADDRESS) Parley Funeral Co  
Columbus Mo.

20. FILED Mar 8, 1934 B. H. Stephens  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/3/34 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1934, to 3-3, 1934.  
I last saw her alive on 3-2, 1934. Death is said to have occurred on the date stated above, at 3 P. m.

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

Other contributory causes of importance:  
930  
930

Name of operation none Date of no  
What test confirmed diagnosis? no 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 no

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify (Signed) W. D. Hyatt M. D.  
(Address) Columbus Mo.

