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.

MAY 2 1934

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

Do not use this space.

11807

1. PLACE OF DEATH County: Andrew — Registration District No.: 13
Township: — Primary Registration District No.: 4010
City: Savannah, (No. 205 Pearl St. Ward)

File No.:
Registered No.:

2. FULL NAME: Mary B. Allen,

(a) Residence, No. 205 Pearl St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe male
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: John Allen,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 28, 1848

7. AGE — YEARS: 85 — MONTHS: 4 — DAYS: 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
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): Buchanan County, Missouri.

FATHER

13. NAME: James Moutray,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER

15. MAIDEN NAME: Mahala Poe,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Tennessee,

17. INFORMANT (ADDRESS): Mrs Mahala Allen 205 Pearl St. Savannah, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Savannah, Mo. DATE: April 16, 1934

19. UNDERTAKER (ADDRESS): F. A. Bowman Savannah, Missouri.

20. FILED: 4/15, 1934 Mrs A R King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb, 1932, to April 14, 1934

I last saw he alive on April 12, 1934. Death is said to have occurred on the date stated above, at 5:50 p.m.

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

General Arteio Schlerosis — Date of onset

Other contributory causes of importance:

Name of operation: None — Date of:
What test confirmed diagnosis? — Was there an autopsy?

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: None
Nature of injury: None

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

(Signed) J. C. Hooker, M. D.
(Address) Savannah, Mo