

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.

11 5 1
JUN 20 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 1000

Township St. Joseph, Mo.

Primary Registration District No. 1000

City St. Joseph, Mo.

(No. Missouri Methodist Hospital)

File No. 15859

Registered No. 613

St. Ward

2. FULL NAME Arretta Lucile Allen

(a) Residence, No. 807 Woodson Street 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

Female

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 10, 1909

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

24

7

13

OCCUPATION

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

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) Buchanan County, Missouri
(STATE OR COUNTRY)

13. NAME Harry Allen

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

15. MAIDEN NAME Nellie Schroeder,

16. BIRTHPLACE (CITY OR TOWN) Omaha, Ne
(STATE OR COUNTRY) Nebraska

17. INFORMANT Mr. Harry Allen,
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn DATE May 25, 1934

19. UNDERTAKER Flzeman Mortuary, Inc.
(ADDRESS) St. Joseph, Mo.

20. FILED John R. Brander Registrar
MAY 24 1934

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1934, to May 23, 1934

I last saw him alive on May 23, 1934

Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Chronic Nephritis

131

938

131

Other contributory causes of importance:

Myocarditis

131

Myocarditis

131

Myocarditis

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Myocarditis

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Myocarditis

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Myocarditis

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Myocarditis

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Myocarditis

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Myocarditis

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Myocarditis

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Myocarditis

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