

AUG 23 1935

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

Do not use this space.

20918-2  
B

## 1. PLACE OF DEATH

County Jefferson  
Township Walle  
City DeSoto (No. ....)

Registration District No. 420  
Primary Registration District No. 3022

File No. ....  
Registered No. 45 57 (No. ....) (Ward) .....

2. FULL NAME Hattie Fromhold Allen

(a) Residence, No. 305 West Boyd St., ..... Ward, .....

(Usual place of abode) ..... (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 63 yrs. 2 mos. 25 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
63 6 25

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.....

House Wife

12. BIRTHPLACE (CITY OR TOWN) DeSoto, Missouri.  
(STATE OR COUNTRY)

13. NAME August Fromhold

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

15. MAIDEN NAME Mary Diel

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

17. INFORMANT Mary Jelkyl.  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE City DATE July 1st. 1934

19. UNDERTAKER Richardson & Mothershead.  
(ADDRESS) DeSoto, Mo.

20. FILED 6/30 1934 H. W. Thomas  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from

July 1<sup>st</sup> 1933, to June 29 1934

I last saw him alive on June 29 1934. Death is said

to have occurred on the date stated above, at 10 Am.

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

Heat prostration Date of onset 6/23/34

Paralytic Agitation about 1930

Other contributory causes of importance:  
87B 1911 305

Name of operation..... 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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) Mary Ann M. Miller D.O., M.P.H.

(Address) De Soto - Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1941

The following is a list of the names of the persons who were present at the meeting held on the 15th day of January, 1941, at the residence of the undersigned, at the address of 1234 Main Street, New York City.

The names of the persons present are as follows:

Mr. J. Edgar Hoover  
 Mr. Clegg  
 Mr. Glavin  
 Mr. Ladd  
 Mr. Nichols  
 Mr. Rosen  
 Mr. Tracy  
 Mr. Carson  
 Mr. Egan  
 Mr. Gurnea  
 Mr. Hendon  
 Mr. Pennington  
 Mr. Quinn  
 Mr. Nease  
 Mr. Gandy

The undersigned, J. Edgar Hoover, Director of the Federal Bureau of Investigation, hereby certifies that the above is a true and correct list of the persons who were present at the meeting held on the 15th day of January, 1941, at the residence of the undersigned, at the address of 1234 Main Street, New York City.

J. Edgar Hoover  
 Director