

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County ShannonRegistration District No. 823

Township

Primary Registration District No. 4498City Winona (No.)File No. 38215

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. Martha Allmon 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)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFThomas Allmon

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

Apr 12 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ... hrs.

or min.

6464

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

None

9. BIRTHPLACE (CITY OR TOWN)

New Liberty

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

James Liss

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn

12. MAIDEN NAME OF MOTHER

Lucy Vachet Hatsholt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Nashville
Tenn

14.

INFORMANT

(Address)

Mary BondWinona Mo

15.

FILED

10.18.1934Mabel Rader

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 193417. I HEREBY CERTIFY, That I attended deceased from June 1934, to Aug 1934that I last saw him alive on 7th Aug 1934, and that death occurred, on the date stated above, at 5:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

bowen of the uterus48

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1. DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 1934
Dr. John H. Smith Springfield Mo
WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. P. Eudy M. D.Dec 18. 1934 (Address) Winona, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New Cemetery Winona MoDec 20 1934

20. UNDERTAKER

ADDRESS

W. C. EudyLawrence Eudy Mo
