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.

NOV 21 1934

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

Do not use this space.

38235

1. PLACE OF DEATH
County Stoddard — Registration District No. 836 — File No. 77
Township Liberty — Primary Registration District No. 6098a — Registered No. 77
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mary Frances 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. 7 mos. 2 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) March 15, 1934
7. AGE YEARS MONTHS 7 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo

FATHER
13. NAME Oswald Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Erma Ballard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Oswald Allen R 3, Dexter
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dexter DATE Oct. 18 1934
19. UNDERTAKER (ADDRESS) Blankenship-Strickland Dexter, Mo.
20. FILED 10/18, 19 Florence Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/17, 1934
22. I HEREBY CERTIFY, That I attended deceased from 10/15, 1934 to 10/15, 1934
I last saw her alive on 10/15, 1934 Death is said to have occurred on the date stated above, at 6 P m.
The principal cause of death and related causes of importance were as follows:
Cholera Infantum — Date of onset
119a
119a
Other contributory causes of importance:
Name of operation No — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy? X
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? X — Date of injury X, 19
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury X
Nature of injury X
24. Was disease or injury in any way related to occupation of deceased? X
If so, specify
(Signed) [signature], M. D.
(Address) Blanche Mo