

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

Do not use this space.

JAN 1 8 1935

1. PLACE OF DEATH

County Mason
Township Lafayette
City Lafayette (No. _____)

Registration District No. 532
Primary Registration District No. 4318

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Nellie Allred

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 - 1867

7. AGE YEARS 67 MONTHS 4 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME John Spivey

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

15. MAIDEN NAME Mary Radigan

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

17. INFORMANT Lola M. Shuler (ADDRESS) Lafayette Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Willow Hill DATE Dec. 15 1934

19. UNDERTAKER D. J. Christie (ADDRESS) Lafayette Mo.

20. FILED 12/17 1934 Dr. O. B. Griffin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1934, to Dec. 18, 1934

I last saw him alive on Dec. 13, 1934. Death is said to have occurred on the date stated above, at 9 P. m.

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

Chronic Myocarditis Date of onset 2 yr.

Other contributory causes of importance:

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 _____, 1934

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) E. Buckley, M. D.

(Address) Lafayette Mo.

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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.

