

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.

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

Do not use this space.

6082

1. PLACE OF DEATH

County Miller

Registration District No. 5-61

Township

Primary Registration District No. 4390

City Bedon

(No. ....)

St. ....

Ward) ....

2. FULL NAME

Temperance Elizabeth 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. ....

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

W

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

Widowed

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

W. J. Allen

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

Feb. 20 1849

7. AGE

YEARS

86

MONTHS

0

DAYS

6

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

OCCUPATION

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

Housewife

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

MOTHER FATHER

13. NAME

Allen

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

Mo.

15. MAIDEN NAME

Nancy Taylor

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

Mo.

17. INFORMANT (ADDRESS)

M. B. Allen, Bedon, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bedon

DATE

2-28

35

19. UNDERTAKER (ADDRESS)

Phillips Funeral Home, Bedon, Mo.

20. FILED

2-28

1935

Belle Haynes

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb. 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1935, to Feb 26, 1935.

I last saw her alive on Feb 26, 1935. Death is said

to have occurred on the date stated above, at 6:30 P.M.

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

Thrombus Coronary Artery

Date of onset

Other contributory causes of importance:

CHD

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).....

M. B. Allen

M. D.

(Address).....

Bedon, Mo.

