

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.

APR 1 2 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BatesRegistration District No. 50Township ButlerPrimary Registration District No. 3004City Butler (No.)St. Ward File No. 8040Registered No. 252. FULL NAME Mrs Alice Harrison 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

female
white

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

widowed

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

widowed6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 2. 1862

7. AGE

YEARS

MONTHS

DAYS

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

72723

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)

Alabama

13. NAME

Edward Harrison

FATHER

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

Don't know

MOTHER

15. MAIDEN NAME

Don't know

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

Don't know

17. INFORMANT (ADDRESS)

Mrs Virginia Armstrong
Butler Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wade HillDATE March 27, 1935

19. UNDERTAKER (ADDRESS)

Culver's
Butler Mo

20. FILED

March 26, 1935 Nina E Culver

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 193522. I HEREBY CERTIFY, That I attended deceased from June, 1934, to March 25, 1935I last saw him alive on March 25, 1935 Death is saidto have occurred on the date stated above, at 1 a.m.

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

Date of onset

82 apoplexy

Other contributory causes of importance:

High blood pressure
ParalysisName of operation Date of What test confirmed diagnosis? Was there an autopsy? No23. 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? noIf so, specify (Signed) N. E. Culver, M. D.(Address) Butler Mo

