

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

Do not use this space.

MAY 21 1935

11924

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No.)

Registration District No. 73
Primary Registration District No. 3006

File No.
Registered No. 71
St. Ward

2. FULL NAME

Amie Allen

(a) Residence, No. 880 1st. 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 <u>Female</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 26-1850</u>		
7. AGE <u>84</u>	YEARS <u>11</u>	MONTHS <u>9</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		
10. Date deceased last worked at this occupation (month and year) <u> </u>		11. Total time (years) spent in this occupation <u> </u>
12. BIRTHPLACE (CITY OR TOWN) <u>Portland</u> (STATE OR COUNTRY) <u>MO</u>		
13. NAME <u>Do not know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> </u>		
15. MAIDEN NAME <u>Amie Rankins</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Portland</u> <u>MO</u>		
17. INFORMANT <u>Edna Lee Hall</u> (ADDRESS) <u>202 So Second</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>extension</u> PLACE <u>Pleasant Hill</u> DATE <u>4-6</u> 19 <u>35</u>		
19. UNDERTAKER <u>A. C. Freeman</u> (ADDRESS) <u>Columbia</u> <u>MO</u>		
20. FILED <u>4/6/</u> 19 <u>35</u> <u>Allie Selby</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1935

22. I HEREBY CERTIFY That I attended deceased from Sawyer March 1935
I last saw him alive on April 1 1935 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis with Cerebral Hemorrhage causing paralysis
Date of onset

Other contributory causes of importance:
Sanitary

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? NO

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? NO
If so, specify
(Signed) W. A. Morris M. D.
(Address) Columbia MO

