

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

Do not use this space.

15272

JUN 4 1935

1. PLACE OF DEATH

County Scott

Township Richland

City Sikeston

Registration District No. 821

Primary Registration District No. 4553

File No.

Registered No.

St. Ward

2. FULL NAME Mrs. Martha Alice Allard

(a) Residence, No. 324 Ruth St. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>David Newton Allard</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 31 1863</u>		
7. AGE <u>72</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, ... hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>
	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) Delwood Ill.
(STATE OR COUNTRY)

13. NAME William Campbell Jenkins

14. BIRTHPLACE (CITY OR TOWN) U. S. A.
(STATE OR COUNTRY)

15. MAIDEN NAME Jane Travis

16. BIRTHPLACE (CITY OR TOWN) U. S. A.
(STATE OR COUNTRY)

17. INFORMANT Lacy E. Allard, Sikeston, Mo.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston DATE Apr. 25 19 35

19. UNDERTAKER John Albritton
(ADDRESS) Sikeston, Mo.

20. FILED May 1 19 35, W. H. Crennell M.D.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 23 19 35

22. I HEREBY CERTIFY, That I attended deceased from April 9 19 35 to April 23 19 35
I last saw him alive on April 23 19 35 Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis, acute
Influenza
Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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. H. Crennell M. D.
(Address) Sikeston, Mo.

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.

