

SEP 18 1935

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

Do not use this space.

25705

1. PLACE OF DEATH

County Buchanan
Township Washington
City St. Joseph

Registration District No. 56
Primary Registration District No. 5127
(No. County Infirmary.)

File No. 70
Registered No. 70
St. 70 Ward

2. FULL NAME Leota Allee.

(a) Residence, No. 1514 South 14th Street, St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 71 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1864.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) DeKalb (STATE OR COUNTRY) Missouri.

13. NAME Buford B Allee

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

15. MAIDEN NAME Unknown

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

17. INFORMANT E. E. Pumphrey (ADDRESS) 1311 1/2 North 10th St.

18. BURIAL, CREMATION, OR REMOVAL Lt. Mora Cemetery. PLACE St. Joseph Mo. DATE Aug. 30 1935

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union Street, St. Joseph Mo.

20. FILER Aug 29, 1935 J. J. Bunn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1935 to Aug. 28, 1935

I last saw her alive on Aug 27, 1935 Death is said to have occurred on the date stated above, at 8.45pm.

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

Myocarditis Chronic
Heart Disease

Other contributory causes of importance: Arteriosclerosis

Name of operation None Date of

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide No 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) , M. D.

(Address) 301 685 Bldg

