

SEP 24 1935

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

Do not use this space.

26916

1. PLACE OF DEATH

County Lin  
Township Prosser  
City Prosser (No.         )

Registration District No. 496  
Primary Registration District No. 3025

File No.           
Registered No. 71  
St.          Ward         

2. FULL NAME

(a) Residence, No. 643 Prosser 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 - 1869

7. AGE YEARS 66 MONTHS 7 DAYS 9 If LESS than 1 day, hrs. min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) Jan 9 - 1935 11. Total time (years) spent in this occupation         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

13. NAME Samuel B. Allen

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

15. MAIDEN NAME Judith A. Gilman

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

17. INFORMANT Jennie Allen (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Prosser DATE Aug 21, 1935

19. UNDERTAKER Hunter & Rollins (ADDRESS) Prosser

20. FILED Aug 21, 1935 J. Whucan Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 3, 1935 to Aug 18, 1935  
I last saw her alive on Aug 18, 1935 Death is said to have occurred on the date stated above, at 8 p.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage -  
apoplexy -  
Green Arteriosclerosis.  
Date of onset Jan 8/18

Name of operation          Date of           
What test confirmed diagnosis autopsy Was there an autopsy? Yes

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) Roy C. Haley, M. D.  
(Address) Brookfield, 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.

