

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.

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

Do not use this space.

NOV 8 1935

27239

## 1. PLACE OF DEATH

County Jefferson  
Township Peacola  
City St. Louis (No. 1102)

Registration District No. 1102  
Primary Registration District No. 75870

File No. 27239  
Registered No. 27239  
St. St. Louis Ward 1

## 2. FULL NAME

(a) Residence, No. Emma Lee Allen St. St. Louis Ward 1  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Howard Allen  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1913  
7. AGE YEARS 21 MONTHS 8 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
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) St. Louis13. NAME Hallie Collins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis15. MAIDEN NAME Callie Pace16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT Howard Allen (ADDRESS) Briggs City18. BURIAL, CREMATION, OR REMOVAL PLACE Cardinal Cemetery DATE 8/2219. UNDERTAKER Levy Service (ADDRESS) Helms St. St. Louis20. FILED Nov-5 19 Mrs T. R. Cole Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21, 193522. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1935, to Aug 21, 1935.I last saw her alive on Aug 21, 1935. Death is said to have occurred on the date stated above, at 7:30 p. m.

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

Undulant Fever Date of onset 7/22/35

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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? noIf so, specify (Signed) W. A. Crissell, M. D.(Address) 1001 N. 1st St. St. Louis

