

APR 27 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

13760

1. PLACE OF DEATH

County Sullivan

Registration District No. 852

Township Polk

Primary Registration District No. 6120

City Warren No. _____

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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)

May 1, 1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

73

10

13

OCCUPATION

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

Invalid

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

Sanitary Co. Infirmary

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Sullivan Co., Missouri

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

MOTHER FATHER

13. NAME

Carrie Allen

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

Penn.

15. MAIDEN NAME

Susanna Allen

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

England

17. INFORMANT (ADDRESS)

Floyd Wilks, Main town, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Interred in Harris

19. UNDERTAKER (ADDRESS)

Wm. H. Reed, Main town, Mo.

20. FILED

Apr. 8, 1936

Registrar

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

March 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 1936, to _____, 1936

I last saw him alive on Feb. 25, 1936 Death is said to have occurred on the date stated above, at 5:10 p. m. The principal cause of death and related causes of importance were as follows:

arteriosclerosis

Date of onset

not known

Other contributory causes of importance:

arteritis

Feb. 1936

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?

If so, specify

(Signed) J. S. Montgomery, M. D.

(Address) Main town, Mo.

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