

DEC 4 1938

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

Do not use this space.

18372-4th

1. PLACE OF DEATH

County Wayne Registration District No. 65 File No. _____
Township Yogan Primary Registration District No. 6192 Registered No. 4
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Mary Jane Allen
(a) Residence, No. _____ St. _____ Ward _____
(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 <u>F.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Abraham Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 8 - 1854</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>2</u>
	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>	11. Total time (years) spent in this occupation _____
	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) _____	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 1 1938, to Apr 17 1938

I last saw h. or alive on Mar 1 1938. Death is said

to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset 1934

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? _____

If so, specify _____

(Signed) O. D. Myers, M. D.

(Address) Greenville, Mo.

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

13. NAME Dr. M. J.

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

15. MAIDEN NAME Kramer

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

17. INFORMANT Milam Allen
(ADDRESS) Patterson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Creek DATE April 18, 1938

19. UNDERTAKER Rev. Friend
(ADDRESS)

20. FILED Sept 2 1938 T. M. Polk
Registrar.

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.

