

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.

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

Do not use this space.

19104

1. PLACE OF DEATH

County GentryRegistration District No. 309Township HowardPrimary Registration District No. 5434City (No.)File No. Registered No. 464St. Ward

2. FULL NAME

Minnie Catherine Allen(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

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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWalter Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 1 - 1889

7. AGE

YEARS

47

MONTHS

4

DAYS

7

If LESS than 1

day, hrs.or min.

OCCUPATION

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

at home

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)

Harrison Co. Mo.

MOTHER FATHER

13. NAME

Wes. Ely

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

Harrison Co. Missouri

15. MAIDEN NAME

Susanne Taylor

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

Harrison Co. Mo.

17. INFORMANT

(ADDRESS)

Walter Allen
 , Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hobbs ChapelDATE May 8, 1936

19. UNDERTAKER

(ADDRESS)

Clifford Brooks
 , Mo.

20. FILE

May 13, 1936W. H. Martin
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 71936

22. I HEREBY CERTIFY, That I attended deceased from

May 1, 1936 to May 7, 1936I last saw him/her alive on Morning of May 7, 1936

Death is said

to have occurred on the date stated above, at 3-P. m.

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

BronchopneumoniaDate of onset
Apr 26

Other contributory causes of importance:

InfluenzaName 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 None(Signed) J. H. Bailey D.O.(Address) Denver, Missouri

, M.D.

Mr. Hailen
December, 1900