JUN 26 1936

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

Do not use this space.

20503

File No. .....

Registered No. 89

1. PLACE OF DEATH

County St. Francois

Township St. Francois

Registration District No. 773

Primary Registration District No. 6018A

Near City Farmington, Mo. (No. ....., ..., St. ....., Ward)

2. FULL NAME Emma Allen

(a) Residence, No. Theyer, Mo. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-26-1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	62	2	25	

OCCUPATION

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

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) Missouri

FATHER

13. NAME William Smith

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

MOTHER

15. MAIDEN NAME Angline Howell

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

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gifton Cemetery Theyer mo DATE 5-24 1936

19. UNDERTAKER (ADDRESS) Carr Undertaking Co Theyer mo.

20. FILED 5-22- 1936 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from January 21, 1936, to May 21, 1936

I last saw h... alive on May 21, 1936. Death is said to have occurred on the date stated above, at 11:20 Am.

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

	Date of onset
Arteriosclerosis, Generalized, marked	?
Bronchopneumonia	5-19-36

Other contributory causes of importance:

Typhoid fever (Convalescent)	5-21-36
Bedfast, with Cerebral Arteriosclerosis	Aug. 1935

Name of operation None Date of .....

What test confirmed diagnosis? Clinical & Laboratory 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? No

If so, specify .....

(Signed) O. C. Quilt, M. D.

(Address) Farmington, Mo.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

U. S. NO. 2
100M-3-28-35