

JUL 16 1936

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

Do not use this space.

21906

1. PLACE OF DEATH

County Andrew
Township
City Mexico Mo (No. _____)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 109
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 217 Vine St. 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. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Harve Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 22, 1885</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>5</u>	DAYS <u>8</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>at home</u>
	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) <u>D.K.</u>	11. Total time (years) spent in this occupation. <u>D.K.</u>

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

13. NAME W. M. Reeves

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

15. MAIDEN NAME Drusilla Price

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

17. INFORMANT Harve Allen
(ADDRESS) Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fulton, Mo DATE June 30, 1936

19. UNDERTAKER Geo. H. Leach
(ADDRESS) Fulton, Mo

20. FILED June 30, 1936 Blanche Neely
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1936

22. I HEREBY CERTIFY That I attended deceased from June 15, 1936, to June 29, 1936
I last saw h. alive on June 29, 1936. Death is said to have occurred on the date stated above, at 4:05 p.m.

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

Cardiac infarction
Gonococcal metritis & bilateral salpingo-oophoritis 1933

Other contributory causes of importance:
Intestinal adhesions
Severe toxemia from pelvic abscess
Name of operation Pl. hysterectomy Date of 6/29/36
What test confirmed diagnosis? Sp. Salpingo-oophoritis 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 _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in factory, 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) K. E. Maneval, M. D.
(Address) Mexico, Mo.

