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

NOV 27 1936

Do not use this space.

37332

1. PLACE OF DEATH
County Genivy Registration District No. 2/1
Township Miller Primary Registration District No. 5H4 4
City (No. , St. Ward)
File No.
Registered No.

2. FULL NAME Malindo Cathrine 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF George W.Allen(Deceased)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 31/1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
83	6	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER James Morgan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Avis Thompson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Lewis E.Allen
(Address) Pattonsburg,Mo.

15. FILED 10-16-1936 W A Query REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15/36 19

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1936, to Oct. 14, 1936 that I last saw h.. alive on Oct 14, 19 36, and that death occurred, on the date stated above, at 3 A.M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis & Cerebrasclerosis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 131
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D. Frank Hodges, M. D.
10/16, 1936 (Address) Pattonsburg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Old Savage Cemetary	IO/16/36
20. UNDERTAKER E S Gromer	ADDRESS Pattonsbyrg,Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD