APR 9 1937

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

Do not use this space.

791 9922

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 2481

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis, Mo (No. 4307a Cook St. ..... Ward)

2. FULL NAME Lena Allen

(a) Residence, No. 4307 a West Cook St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Separated

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-21-1913

7. AGE: YEARS 24 | MONTHS 1 | 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.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: by day
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): Holly Spring, Miss

FATHER

13. NAME: Hayes Walton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

MOTHER

15. MAIDEN NAME: Millie Jeffries
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss

17. INFORMANT (ADDRESS): City Isolation Hospital Record

18. BURIAL, CREMATION, OR REMOVAL
PLACE Farther Dickson DATE 2, 4, 1937

19. UNDERTAKER (ADDRESS): Atkins Bros Und Co 3644 Finney Ave

20. FILED MAR 2 1937 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 26, 1937, to Feb 28, 1937

I last saw her alive on Feb. 28, 1937. Death is said to have occurred on the date stated above, at 4:45 P.m.

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

	Date of onset
Chronic Pulmonary Tuberculosis	1932

Other contributory causes of importance:

Name of operation: Phys Date of .....

What test confirmed diagnosis? X-Ray Lab Was there an autopsy? Refused

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) L G Pray, M. D.

(Address) 5600 Arsenal

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.

WHITE PEARL, WITH INFADING INK—THIS IS A PERMANENT RECORD

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