

MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Adair Registration District No. 4 File No. 15545
Township _____ Primary Registration District No. 3001 Registered No. 69
City Kirkbournville (No. Grim-Smith Hospital) St. _____ Ward _____

2. FULL NAME

Nettie Reece 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 3 17

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Scotland Co Mo.13. NAME Wm North14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo.15. MAIDEN NAME Mary Record

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

17. INFORMANT Mr. Will Allen
(ADDRESS) Spring Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lawrence Mo DATE April 12 1937

19. UNDERTAKER Lloyd Moore
(ADDRESS) Spring Mo.20. FILED Apr. 14 37 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10 193722. I HEREBY CERTIFY, That I attended deceased from April 10 1937 to April 10 1937I last saw him alive on April 10 1937. Death is saidto have occurred on the date stated above, at 4:30 p.m.

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

InfluenzaPneumonia (Bronchial)

Other contributory causes of importance: _____

Name of operation none Date of _____What test confirmed diagnosis? Clinical 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) Spencer Freeman, M. D.(Address) Kirkbournville MoDate of onset
4-1-374-8-37

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.



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