

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.

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

Do not use this space.

17224

1. PLACE OF DEATH

County

Township

City

Nettis
Sedalia

(No.

Registration District No.

Primary Registration District No.

Bothwell Hosp

File No.

Registered No.

St.

Ward)

2. FULL NAME Mrs Emma Gertrude Allen

(a) Residence, No.

(Usual place of abode)

Ward.

(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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

H E Allen

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

December 17th 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

56

4

1

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

At Home

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)

Miller Co

Missouri

13. NAME

Joseph Wessling

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Anna Well

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

H E Allen

Cole Camp Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Labanon Mo

DATE

4-20-37

19

19. UNDERTAKER

(ADDRESS)

E L Bickhoff

Cole Camp Mo

20. FILED

April 19, 1937

Jean Clarke

Registrar

MEDICAL CERTIFICATE OF DEATH

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

4-18-37

19

22. I HEREBY CERTIFY, That I attended deceased from

April 1, 1937, to April 18, 1937

I last saw her alive on April 18, 1937. Death is said

to have occurred on the date stated above, at 9:35 PM

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

coronary embolism

Date of onset

Other contributory causes of importance:

endo carditis

Name of operation

cholecystectomy

Date of 4-3-37

What test confirmed diagnosis?

Clinical

Was there an autopsy?

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 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)

(Address)

M. D.

