

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.

AUG 19 1937

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

Do not use this space.

26708

1. PLACE OF DEATH

County

Buchanan

Registration District No.

85

Township

City

St. Joseph

(No.)

Primary Registration District No.

100

File No.

Registered No.

796

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Beranda Allen

Selucia Mo

St.

Ward.

King City, Mo

(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)

widowed

6. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

George Allen

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

9-29-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

76

9

16

OCCUPATION

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

housework

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)

De Kalb Co., Mo

FATHER

13. NAME

William York

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

Indiana

MOTHER

15. MAIDEN NAME

Mellie Mc Donald

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

?

17. INFORMANT (ADDRESS)

State Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Union, Mo

DATE

July 15, 1937

19. UNDERTAKER (ADDRESS)

Frederick W. W. W. W.

20. FILED

7/15/37

Registrar

MEDICAL CERTIFICATE OF DEATH

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

July 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from

6-30

1937

to

7-15

1937

I last saw her alive on 7-14, 1937. Death is said

to have occurred on the date stated above, at 8:30 a.m.

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

Chronic nephritis,
Chronic myocarditis,
Generalized arterio-
sclerosis

Date of onset

?

Other contributory causes of importance:

Fractured left
patella.

Name of operation

Date of

What test confirmed diagnosis? Calcein. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident. Date of injury 6-30, 1937

Where did injury occur? St. Joseph, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

in a fall

Nature of injury

fracture of left patella

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) E. Praxton Davis, M. D.

(Address) St. Joseph, Mo.

