

AUG 26 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County..... Moniteau  
Township..... Walker  
City..... Russellville, Mo.

Registration District No. 571  
Primary Registration District No. 5769

File No. 27834  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME..... Lydia Catherine Allen

(a) Residence, No. California, Mo. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Earl Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6th 1889</u>		
7. AGE	YEARS	MONTHS
<u>55</u>	<u>48</u>	<u>1</u>
		DAYS
		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>house wife</u>		
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)		

12. BIRTHPLACE (CITY OR TOWN) Russellville, Mo.  
(STATE OR COUNTRY)13. NAME C. C. Siebert14. BIRTHPLACE (CITY OR TOWN) Seneca Falls N. Y.  
(STATE OR COUNTRY)15. MAIDEN NAME Welhelma Althoff16. BIRTHPLACE (CITY OR TOWN) McGirk, Mo.  
(STATE OR COUNTRY)17. INFORMANT C. C. Siebert  
(ADDRESS) California, Mo.18. BURIAL, CREMATION, OR REMOVAL  
Masonic Cem. California, Mo 8/7/37  
PLACE DATE19. UNDERTAKER Wm. H. Schubert  
(ADDRESS) Russellville, Mo20. FILED 9-25-37 H. R. Papey Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 5th 193722. I HEREBY CERTIFY, That I attended deceased from July 4, 1937, to Aug 2, 1937.  
I last saw her alive on Aug 2, 1937. Death is saidto have occurred on the date stated above, at 5:30 p.m.  
The principal cause of death and related causes of importance were as follows:Carcinoma of the breast Date of onset \_\_\_\_\_Other contributory causes of importance: 50Name of operation Removal right breast Date of \_\_\_\_\_?What test confirmed diagnosis? B. D. G. G. 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 \_\_\_\_\_

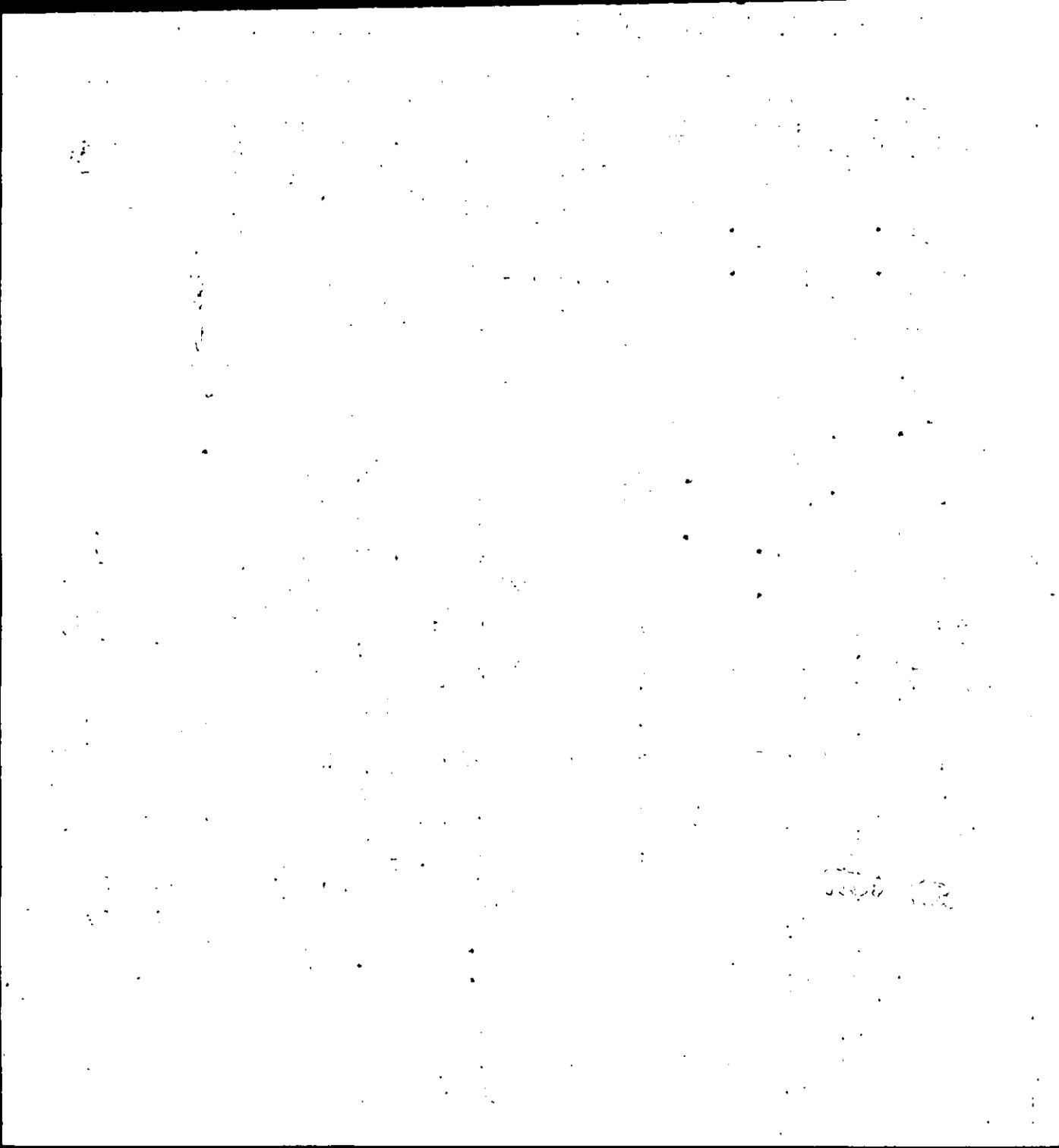
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) John E. Murrell M. D.  
(Address) Russellville, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS spontaneous CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

27834  
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571  
(b) Township Walker Primary Registration District No. 3769 Registered No. 39  
(c) City..... (d) Street No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Lydia Catherine Allen  
(a) Residence, No. California Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 1 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) Russellville

FATHER 13. NAME C. G. Seibert

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

MOTHER 15. MAIDEN NAME Wilhelma

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mc Guff

17. INFORMANT (ADDRESS) C. G. Seibert

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem DATE 8-7 1937

19. FUNERAL DIRECTOR (ADDRESS) Hugh H. Seibert

20. FILED 9-25-1937 H. R. Popejoy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5<sup>th</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4 to Aug 5, 1937

I last saw him alive on Aug 2, 1937. Death is said to have occurred on the date stated above, at 5 A m.

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

Carcinoma of the breast Date of onset

Other contributory causes of importance:

Name of operation Removal of right breast Date of

What test confirmed diagnosis Biopsy 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) Robert E. Murray M.D. (Address) Russellville

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. 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.

TEMPORARILY SUPPLEMENTED

S-27834