

SEP 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cass
Township Raymond
City Raymond (No. _____)

Registration District No. 158
Primary Registration District No. 4092

File No. 30385
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Frances M. 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. A. Allen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12, 1857</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>2</u>	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</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)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green Bay Wisconsin</u>				
FATHER	13. NAME <u>Otis P. Budgett</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maine</u>			
MOTHER	15. MAIDEN NAME <u>Carylyn Hudson</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green Bay Wis.</u>			
17. INFORMANT <u>E. A. Allen</u> (ADDRESS) <u>Raymond, Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Green Bay, Wis.</u> DATE <u>Aug 2, 1937</u>				
19. UNDERTAKER <u>E. K. George & Sons</u> (ADDRESS) <u>Bellton Mo</u>				
20. FILED <u>8-2-37</u> <u>U. M. Miller</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1937, to Aug 1, 1937

I last saw her alive on Aug 1, 1937. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Tubercular meningitis Date of onset July 30-31

Other contributory causes of importance:

Pulmonary tuberculosis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 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) U. M. Miller, M. D.

(Address) Bellton Mo

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.

