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

Do not use this space.

45618

JAN 25 1938

1. PLACE OF DEATH
County Wayne
Township St Francis
City ..... (No. ..... St. ..... Ward)

Registration District No. 8 40 16 8
Primary Registration District No. 4034

File No. [illegible]
Registered No. .....

111

2. FULL NAME Mary Lou Allen

(a) Residence, No. ..... St., ... Ward. 12/17/36
(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. 4 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~Dec~~ 6-17-1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	6	17	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 8d

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) Ok 21

FATHER

13. NAME John Odell 21

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ok 21

MOTHER

15. MAIDEN NAME Mitelda Allen

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

17. INFORMANT (ADDRESS) Mrs Wm Sheets Patterson Mo R 1

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Liberty DATE 12-19 1936

19. UNDERTAKER (ADDRESS) Yates Funeral Home Dexterville Mo

20. FILED 12/18 1936 A. S. Templeton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1936, to Dec 17, 1936
I last saw h[illegible] alive on Dec 12, 1936. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	12/2 5/36

Other contributory causes of importance:

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) Odt. Myers, M. D.
(Address) Greenville 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.