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

Do not use this space.

1. PLACE OF DEATH Saline

County Saline

Township Clay (Cow)

Registration District No. 797

Primary Registration District No. 6043

City Clay (Na)

File No. 8282

Registered No.

St. Ward)

2. FULL NAME Mary Novella Allen 450

(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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ___ E ___

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24-1861

7. AGE YEARS 76 MONTHS 6 DAYS 17

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

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

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

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) Near Arrow Rock Saline Co Mo

FATHER

13. NAME John L Cowan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Co Mo

MOTHER

15. MAIDEN NAME Mary Thornton

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

17. INFORMANT (ADDRESS) Edgar Allen Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Slater City Cemetery DATE Feby 13-38

19. UNDERTAKER (ADDRESS) Conrow Fryer Slater

20. FILED Feb 12 38 W. M. Tuttle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 11-38

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1937, to Feb 10, 1938

I last saw her alive at 11 30 Feb 10-20, 1938 Death is said to have occurred on the date stated above, at 5 30 A M

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

Chronic Parenchymatous

Nephritis

Date of onset

Other contributory causes of importance:

Cardiac Hypertrophy

Name of operation ___ Date of ___
What test confirmed diagnosis? Chemical Was there an autopsy?

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

Accident, suicide, or homicide? No 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) A. S. 38 ardine, M. D.

(Address) Marshall Mo

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