

REC'D AUG 7 5 1938

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

25884

Do not use this space.

## 1. PLACE OF DEATH

(a) County MARION Registration District No. 547  
 (b) Township MASON Primary Registration District No. 3029 Registered No. 194  
 (c) City HANNIBAL (d) Street No. LEVERING HOSPITAL St.  
 (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

Sarah J. ALLEN 45-0  
 (a) Residence, No. 453 S. 6th 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 <u>FEMAL</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>RUSSELL A.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4, 1902</u>		
7. AGE YEARS <u>26</u>	MONTHS <u>2</u>	DAYS <u>6</u>
		If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>HOUSE WIFE</u>		
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)  
PARRY Ma 0

FATHER 13. NAME  
JAMES GRIFFITH 4

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
ENGLAND 4

MOTHER 15. MAIDEN NAME  
Sarah PORTER

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

17. INFORMANT (ADDRESS)  
Mr. Russell A. Allen  
Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE  
WOLF CEMETERY July 12, 1938

19. FUNERAL DIRECTOR (ADDRESS)  
JAMES O'DONNELL  
HANNIBAL Mo.

20. FILED July 11, 1938 H. C. Fisher  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 10, 193822. I HEREBY CERTIFY, That I attended deceased from July 3, 1938 to July 10, 1938I last saw her alive on July 10, 1938 Death is said to have occurred on the date stated above, at 8:45 m.

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

Chronic Parenchymatous  
Nephritis

Other contributory causes of importance: 121

Arterio-sclerosis

Uremia

Name of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? NO23. 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 decedent? NO

If so, specify

(Signed) Bernard L. Murphy, M. D.(Address) 113a So. Main, Hannibal, Mo.

STATEMENT BY LICENSED EMBALMER

I, JAMES O'DONNELL, Licensed Embalmer No. 2022

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harold O'Donnell

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. 3889  
working under my personal supervision.

Signed JAMES O'DONNELL

Licensed Embalmer No. 2022

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

25-884

Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
 (b) Township ..... Primary Registration District No. 3029 Registered No. 194  
 (c) City Hannibal (d) Street No. .... St. ....  
 (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 Sarah T. Allen

(a) Residence, No. .... 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1938

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

22. I HEREBY CERTIFY, That I attended deceased from ....., to ....., 19.....  
 I last saw h. .... alive on ....., 19..... Death is said to have occurred on the day stated above, at.....m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1902

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ....hrs. or ....min.  
36 2 6

Date of onset

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

Other contributory causes of importance:

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

Name of operation ..... Date of .....

FATHER 13. NAME

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

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

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)

MOTHER 15. MAIDEN NAME

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

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

Manner of injury .....

17. INFORMANT (ADDRESS)

Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

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

19. FUNERAL DIRECTOR (ADDRESS)

If so, specify .....

20. FILE 25-884-194 Ernest Local Registrar

(Signed) Bernard L. Murphy M. D.  
 (Address) Hannibal Mo

SUPPLEMENTARY

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS  
 EXACT STATEMENT OF OCCURRENCE IS VERY IMPORTANT  
 THIS TYPE PROPERLY CLASSIFIED  
 REGISTERED SNA

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

Print name here

1. PLACE OF DEATH

(a) County \_\_\_\_\_  
 (b) Township \_\_\_\_\_  
 (c) City \_\_\_\_\_  
 (d) Length of residence in city or town where death occurred \_\_\_\_\_ years, month \_\_\_\_\_ days (1) How  
 (e) Street No. \_\_\_\_\_ (If death occurred in Hospital or health  
 Primary Registration District No. \_\_\_\_\_  
 Registration District No. \_\_\_\_\_

2. PRINT FULL NAME

(a) Residence No. \_\_\_\_\_  
 (b) Local place of birth, if not in United States, give \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX \_\_\_\_\_  
 4. COLOR OR RACE \_\_\_\_\_  
 5. SINGLE \_\_\_\_\_  
 6. DATE OF BIRTH \_\_\_\_\_  
 7. AGE \_\_\_\_\_  
 8. IS MARRIED, WIDOWED OR DIVORCED \_\_\_\_\_  
 9. HUSBAND OR WIFE OF \_\_\_\_\_

MISSOURI STATE BOARD OF HEALTH, BUREAU OF VITAL STATISTICS, DEPARTMENT OF OCCUPATIONAL HEALTH AND SAFETY