

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.

REC'D SEP 20 1938

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

Do not use this space.

1. PLACE OF DEATH

County CallawayRegistration District No. 104Township FultonPrimary Registration District No. 3008City Fulton (No. _____)File No. 28483
Registered No. 206 St. _____ Ward _____

2. FULL NAME

(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>C. S. Ganett</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19, 1870</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>3</u>	DAYS <u>29</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>Housewife</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 <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Readersville, Missouri</u>				
FATHER	13. NAME <u>Theodore Allen</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway County, Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Medora Scott</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Callaway County, Missouri</u>			
17. INFORMANT <u>J. R. Ganett</u> (ADDRESS) <u>Portland, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hill Crest Fulton</u> DATE <u>Aug 19, 1938</u>				
19. UNDERTAKER <u>Glen Y. Mays</u> (ADDRESS) <u>700 Campbell, Fulton, Mo.</u>				
20. FILED <u>Aug 18, 1938</u> <u>R. N. Crewe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 193822. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1938, to Aug. 17, 1938I last saw him alive on Aug. 17, 1938. Death is said

to have occurred on the date stated above, at _____ m.

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

Pneumonia
Bronchial, bilateral
Influenza type
Date of onset Aug 1

Other contributory causes of importance: 110

Name of operation _____ Date of _____

What test confirmed diagnosis? P. E. Lab. 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) Greene D. M. Call, M. D.(Address) Fulton Mo.

