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

Do not use this space.

38647

File No.

Registered No. 1157

DEC 7 1938

1. PLACE OF DEATH

County: Buchanan — Registration District No.: 3 85

Township: — Primary Registration District No.: 1001

City: St Joseph (No. 1 State Hospital #2 St. Ward)

2. FULL NAME: Lulu Allen

(a) Residence, No.: St Joseph Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred: Life 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8 1899

7. AGE: Years 39 Months 5 Days 28 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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): St Joseph Mo

FATHER

13. NAME: James Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Emma Gohen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Records State Hospital No 2

18. BURIAL, CREMATION, OR REMOVAL: PLACE Dekalb Mo. DATE Nov 22 1938

19. UNDERTAKER (ADDRESS): J. S. Bohrman - Wylie

20. FILED 11-22 1938 R. J. Neelsen Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 20 1938

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from Nov. 20th 1938 to ..... 19..... I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 7:45 P. m.

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

| | Date of onset |
|---|---|
| Accidental Strangulation, | |
| Insane patient restrained in bed, slid out of bed and strangled on restraining sheet | |

Other contributory causes of importance: none

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

What test confirmed diagnosis? History. Was there an autopsy? No

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

Accident, suicide, or homicide? Accident Date of injury 11/20 1938

Where did injury occur? St Joseph Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place (in asylum)

Manner of injury: Strangulation

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. W. Tallock Coroner, M. D.

(Address) King Hill Ill

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

(Burial Permit)

1 X7294

## STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. ____

hereby certify that the body recorded on the reverse side of

Certificate was embalmed by _____

or by _____, Registered Apprentice No. ____

(Signed) _____

Licensed Embalmer

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