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.

DEC 1 1938

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

39916
Do not use this space.

1. PLACE OF DEATH
(a) County Newton 2 — Registration District No. 609
(b) Township — Primary Registration District No. 4363 — Registered No. 112
(c) City Neosho (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 450 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frances Ella Allen
(a) Residence, No. Cemetery Road St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (OR) WIFE OF: W. A. Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 3. 1869
7. AGE: Years 69 — Months 2 — Days 28 — If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: at Home
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:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Alabama

FATHER
13. NAME: Eli Cooley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Alabama

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): W. A. Allen Neosho Mo
18. BURIAL, CREMATION, OR REMOVAL: Hazel Green Cem. DATE 11-1 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Bailey Thompson Neosho Mo.
20. FILED 11-14 1938 Ursal A. Sale M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-31 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1938, to Oct 31, 1938
I last saw h. alive on Oct 31, 1938. Death is said to have occurred on the date stated above, at 10:45 A.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Right Side) — Date of onset Oct 21-1938

13!

Other contributory causes of importance:
Arteriosclerosis and Chronic Interstitial nephritis

Name of operation: None Date of
What test confirmed diagnosis? Clinical 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) Melvin C. Bowman, M. D.
(Address) Neosho, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Carley Thompson, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Carley Thompson

Licensed Embalmer No. 3259

P. O. Address Carley Thompson

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

If this body is not embalmed, above space should be left blank.