

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

Do not use this space.

REC'D FEB 27 1939

2

3665

1. PLACE OF DEATH

County Ripley
 Township Union
 City Waverly (No. _____)

Registration District No. 751
 Primary Registration District No. 5990

File No. 4
 Registered No. 1394
 St. _____ Ward _____

2. FULL NAME Mary Ellen Allen

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

OCCUPATION	3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
	<u>female</u>	<u>white</u>	<u>widowed</u>
	6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Abe Allen</u>		
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 12, 1878</u>		
OCCUPATION	7. AGE	YEARS	MONTHS
	<u>60</u>	<u>5</u>	<u>24</u>
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>		11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ripley Co. Mo.</u>		
	13. NAME <u>George Walker</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Metropolis Ky.</u>		
	15. MAIDEN NAME <u>Sarah W. Ward</u>		
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ripley Co. Mo.</u>		
	17. INFORMANT <u>Res. Allen</u>		
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairbury Ave</u> DATE <u>1-7-39</u>		
	19. UNDERTAKER <u>Midway Dick</u>		
20. FILED <u>1/7</u> <u>1939</u> <u>Steuhrdt</u> Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1939

22. I HEREBY CERTIFY That I attended deceased from Dec 15, 1938, to Jan 6, 1939. I last saw her alive on Jan 5, 1939. Death is said to have occurred on the date stated above, at 2:30 P.M.

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

Other contributory causes of importance:
none

Name of operation none Date of _____
 What test confirmed diagnosis? death 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) Steuhrdt M. D.
 (Address) Waverly Mo.

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.

