

DEC 9 MAR 9 1939

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

5863

Do not use this space.

1. PLACE OF DEATH

(a) County BooneRegistration District No. 73(b) Township ColumbiaPrimary Registration District No. 3006Registered No. 29(c) City Columbia(d) Street No. 450

(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

(a) Residence, No. 500 Sexton 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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFCharlie S Allen

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

April-24-1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.79916

OCCUPATION

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.Housewife10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky

FATHER

13. NAME Berriman Elliott14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Scotland

MOTHER

15. MAIDEN NAME Nancy Pruitt16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Iowa17. INFORMANT Mrs Helmandach
(ADDRESS)500 Sexton Road

18. BURIAL, CREMATION, OR REMOVAL

PLACE Locust GroveMidwayDATE Feb 12 193919. FUNERAL DIRECTOR R. O. Willett
(ADDRESS)Columbia, Mo.20. FILED 2/11/ 1939Allie Selby

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 10 1939

22. I HEREBY CERTIFY, That I attended deceased from

2/7/ 1939 to Feb 10 1939I last saw him alive on 2/4/39, 19..... Death is saidto have occurred on the date stated above, at 10:50 P.m.

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

Am. Bronchitis

Date of onset

Other contributory causes of importance:

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

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

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?

If so, specify Yes(Signed) G. H. Brown74 (Address) Columbia, Mo. 10789

STATEMENT BY LICENSED EMBALMER

I, POWELL, Licensed Embalmer No. 3183

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

Arterial and Cavity

No.....or by.....
working under my personal supervision.

Registered Apprentice No. 3183

Signed.....

POWELL

Licensed Embalmer No. 3183

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.)