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

Do not use this space.

11405

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

1. PLACE OF DEATH

57 G D 457

County Lincoln
Township Hawkpoint
City Hawkpoint, Mo.

Registration District No. 488
Primary Registration District No. 4295

File No. 2
Registered No.
St. Ward.

2. FULL NAME Wilma Fern Allen

(a) Residence, No. Hawkpoint, Mo. St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

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) July 27 1921

7. AGE YEARS 17 MONTHS 8 DAYS 4
If LESS than 1 day, ...hrs. or ....min.

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

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrenton Missouri

FATHER
13. NAME Charles Perry Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hawkpoint Missouri

MOTHER
15. MAIDEN NAME Martha Lee Hartley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Missouri

17. INFORMANT (ADDRESS) Martha Lee Allen Hawkpoint Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cannon Cem. DATE April 2 1939

19. UNDERTAKER (ADDRESS) Wayne McCoy Troy Mo.

20. FILED 4-1 1939 W. R. Grimm. Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1939

22. I HEREBY CERTIFY, That I attended deceased from March 30 1939, to March 31 1939
I last saw her alive on March 30 1939. Death is said to have occurred on the date stated above, at 6 a. m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Myocardial Insufficiency (Mitral Valvular Disease) 1937—

Other contributory causes of importance:

g 2 h

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
(Signed) J. Teler E. Ech., M. D.
438 (Address) Troy, Missouri