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.

FILED FEB 6

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

1648
Do not use this space.

1. PLACE OF DEATH
(a) County Boone 1940 2 Registration District No. 73
(b) Township Columbia 0 Primary Registration District No. 3006 Registered No. 14
or
(c) City Columbia (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 635 Stella Allen Martin
(a) Residence, No. 303 Thilly Ave 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jno. O. Martin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-24-1860
7. AGE: YEARS 79 MONTHS 5 DAYS 1 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): Kentucky 1

FATHER
13. NAME: Oliver Dillard Allen 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nichols County Ky 1

MOTHER
15. MAIDEN NAME: Mary Arnold
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

17. INFORMANT (ADDRESS): N. T. Cave 303 Thilly Columbia Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fulton Mo DATE 1-27 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Parker Furniture Co Columbia Mo
20. FILED 1/27/ 1940 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1 — 25 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1940 to Jan 25, 1940
I last saw her alive on Jan 10, 1940. Death is said to have occurred on the date stated above, at 3 15 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myo Carditis — 131

Date of onset

Other contributory causes of importance:
Chalk Lipsis
Chronic nephritis

Name of operation None Date of
What test confirmed diagnosis? Usual 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?
If so, specify
(Signed) [signature], M. D.
(Address) Columbia

(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, ~~or by~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed: [illegible]

Licensed Embalmer No. 4182

P. O. Address Columbia, [illegible]

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

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