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

Do not use this space.

5426

File No.

Registered No. 190

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township Campbell — Primary Registration District No. 2001
City Springfield (No. 911, E. St. Louis St., Ward)

2. FULL NAME Fannie Allen

(a) Residence, No. 911 E St Louis St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colord	married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF Malvin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23-1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	48	8	3	

OCCUPATION

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cave Springs Mo

FATHER
13. NAME Aaron Herron
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arcansas

MOTHER
15. MAIDEN NAME Susan Wadlow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Robert Herron (ADDRESS) 911 E. St. Louis St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ash Grove DATE Feb 28 1933

19. UNDERTAKER W. P. Campbell (ADDRESS) 859 Washington ave

20. FILED 2-27 1933 Ralph W. Sampson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1933, to Feb. 26, 1933

I last saw h[illegible] alive on Feb. 26, 1933. Death is said to have occurred on the date stated above, at 10 P. m.

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

	Date of onset
Lobar Pneumonia	
108 / 108	

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? No

If so, specify .....

(Signed) W. F. Hunter M. D.

(Address) 325 E Commercial

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