

MAY 20 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County Henry Registration District No. 14  
 Township Windsor Primary Registration District No. 4211  
 City Windsor (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 16449  
 Registered No. 10

2. FULL NAME Mrs. Myrtle Bell Allen

(a) Residence, No. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Logan Allen  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 21, 1873  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63 7 29

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1935 to Apr 20 - 1937  
 Last saw him alive on Apr 20 - 1937 Death is said to have occurred on the date stated above, at 3:45 p m  
 The principal cause of death and related causes of importance were as follows:

Cancer of bowels and lungs

Date of onset

Other contributory causes of importance None

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) Arnold, M. D.(Address) Windsor

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Windsor  
(STATE OR COUNTRY) Missouri13. NAME J. H. Bell14. BIRTHPLACE (CITY OR TOWN) Illinois  
(STATE OR COUNTRY)15. MAIDEN NAME Mary McDaniel16. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)17. INFORMANT Robert Allen  
(ADDRESS) Windsor, Mo.18. BURIAL, CREMATION, OR REMOVAL Windsor, Mo.  
PLACE DATE Apr. 22, 193719. UNDERTAKER Huston Turner  
(ADDRESS) Windsor, Missouri20. FILED Apr 21, 1937 J. J. James  
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**1. PLACE OF DEATH**

County Henry Registration District No. 14 File No. 16449  
 Township \_\_\_\_\_ Primary Registration District No. 4211 Registered No. \_\_\_\_\_  
 City Windsor (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Myrtle Belle Allen

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_ (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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** 7 **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** m  
 (write the word)

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Apr 1 1937

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

**22. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

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

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**  
**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)** \_\_\_\_\_ Total time (years) spent in this occupation \_\_\_\_\_

Cancer of bowels and liver Date of onset \_\_\_\_\_

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Lower colon about 6 inches from anus.  
 Other contributory causes of importance: \_\_\_\_\_

**13. NAME**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**15. MAIDEN NAME**

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

**17. INFORMANT (ADDRESS)**

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** \_\_\_\_\_  
 If so, specify \_\_\_\_\_

**19. UNDERTAKER (ADDRESS)**

(Signed) H. M. Well M. D.  
 (Address) Windsor Mo.

**20. FILED** \_\_\_\_\_ 19\_\_\_\_ Amurall Registrar

**SUPPLEMENT**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-10649