

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

Do not use this space.

1. PLACE OF DEATH

County Carroll Registration District No. 135
 Townships Carrollton Primary Registration District No. 3010
 City Carrollton (No. _____) St. _____ Ward _____

File No. 2326
 Registered No. 8

2. FULL NAME

Mary Fannise Allen 450
 (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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Arthur Williamson Allen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 5 20
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 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) Pennsler Indiana
 13. NAME Gabriel Jones Green
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Virginia
 15. MAIDEN NAME Harriett Ann White
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Payge Allen Carrollton, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 1-21-38
 19. UNDERTAKER (ADDRESS) Stanley Carrollton, Mo.
 20. FILED 1-21-38 Arthur H. Baker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1937, to Jan. 19, 1938
 I last saw him alive on Jan. 19, 1938 Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary thrombosis on large Date of onset 19-38
 Other contributory causes of importance: Chronic nephritis 19-37

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? FEB 23 1938 _____
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury BUREAU OF VITAL STATISTICS
 Nature of injury MO. STATE BOARD OF HEALTH
 24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) Charles S. Austin, M. D.
 (Address) Carrollton Mo.

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

82a

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2326
Do not use this space.

1. PLACE OF DEATH

(a) County Carroll Registration District No. 136-
(b) Township _____ Primary Registration District No. 3210 Registered No. 8
(c) City Carrollton (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 Mary Fannie Allen

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1938

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 in _____, 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. ormin.
26 5 20

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

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

Date of onset

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

Other contributory causes of importance:

chronic nephritis

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 2-19-38 E. S. Austin Local Registrar

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) Chas. S. Austin, M. D.

(Address) Carrollton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRATION SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

