

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

Do not use this space.

424

1. PLACE OF DEATH

County Cassell Registration District No. 135
Township Cassell Primary Registration District No. 30.10
City Cassellton (No.) St. Ward

File No.
Registered No. 7

2. FULL NAME Susan A. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm M Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9 - 29 - 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 3 24 = min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER Ernest Arthur

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Elizabeth Allen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs P. D. Smart (Address) Cassellton Mo

15. FILED 1-23, 1928 Mrs E E Farnham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22nd 1928

17. I HEREBY CERTIFY That I attended deceased from 12-27-28 to 1-21-28 that I last saw her alive on 12-28-28 and that death occurred, on the date stated above, at 7²⁸ 1/22 7²⁸ 1/22 and that

THE CAUSE OF DEATH* WAS AS FOLLOWS:
82 D/Venue pleura
97 MTA
Arterio-sclerosis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS..... no

(Signed) W. G. Atwood M. D.
1/23, 1928 (Address) Cassellton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Oak Hill Cemetery Jan. 23rd 1928

20. UNDERTAKER ADDRESS

Standley Funeral Home Cassellton Mo.

FB 20 1928
PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.
DEATH IN plain terms, so that it may be properly classified.

