

AUG 26 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County MoniteauTownship WalkerCity California, Mo.Registration District No. 571Primary Registration District No. 5769File No. 27834

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lydia Catherine Allen(a) Residence, No. California, Mo. 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 (write the word)

Widow

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFEarl Allen

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

July 6th 1889

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.4811

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.house wife9. 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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Russellville, Mo.

FATHER

## 13. NAME

C. C. Siebert14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Seneca Falls N. Y.

MOTHER

## 15. MAIDEN NAME

Welhelma Althoff16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)McGirk, Mo.17. INFORMANT  
(ADDRESS)C. C. Siebert  
California, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Masonic Cem. California, Mo 8/7/3719. UNDERTAKER  
(ADDRESS)Thos. H. Schubert  
Russellville, Mo

## 20. FILED

9-25-37H. R. Pappey

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Aug. 5th 1937

## 22. I HEREBY CERTIFY, That I attended deceased from

July 4, 1937, to Aug 5, 1937I last saw her alive on Aug 2, 1937. Death is saidto have occurred on the date stated above, at 5a.m.

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

Carcinoma of the breast

Date of onset

Other contributory causes of importance:

Name of operation Removal of right breast Date of ?What test confirmed diagnosis? Biopsy 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 \_\_\_\_\_

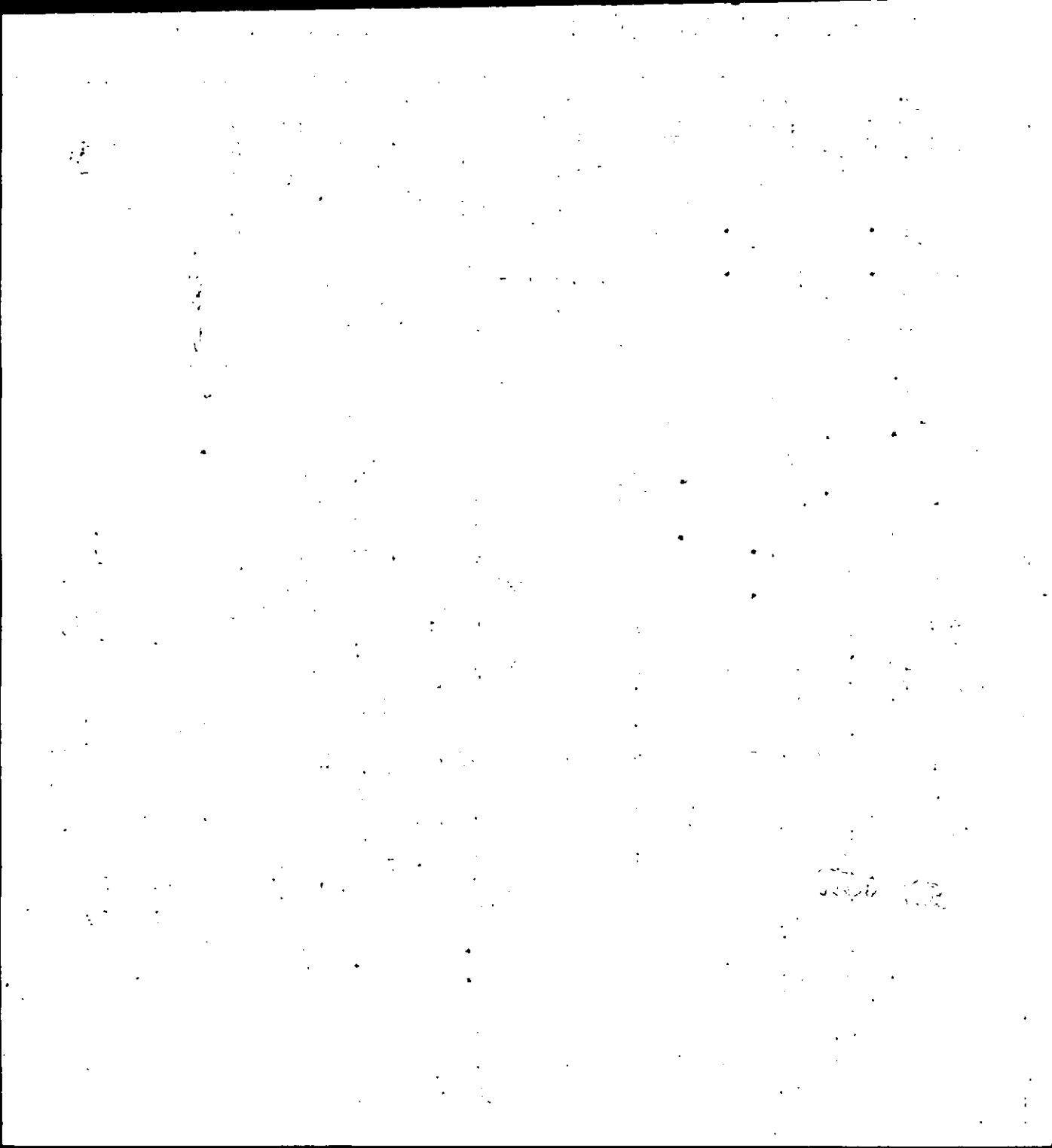
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify \_\_\_\_\_

(Signed) John E. Murray(Address) Russellville, Mo

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.



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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

27834

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 571  
(b) Township Walker Primary Registration District No. 5769  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(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.

Registered No. 39

2. PRINT FULL NAME

(a) Residence, No. Lydia Catherine Allen  
California Mo. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

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 Earl Allen  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1889  
7. AGE YEARS 48 MONTHS 1 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) Russellville  
(STATE OR COUNTRY)

FATHER 13. NAME C. C. Seibert

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

MOTHER 15. MAIDEN NAME Helena Platt

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

17. INFORMANT C. G. Seibert  
(ADDRESS) California Mo.

18. BURIAL, CREMATION, OR REMAIN PLACED Masonic Cem DATE 8-7 1937

19. FUNERAL DIRECTOR Hugh H. Seibert  
(ADDRESS) Russellville Mo.

20. FILED 9-25- 1937 H. R. Popejoy  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5<sup>th</sup> 1937

22. I HEREBY CERTIFY, That I attended deceased from July 4 1937 to Aug 5 1937  
I last saw him alive on Aug 2 1937 Death is said to have occurred on the date stated above, at 5 A m.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of the breast Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation Removal of right breast Date of \_\_\_\_\_

What test confirmed diagnosis Biopsy 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? No  
If so, specify \_\_\_\_\_

(Signed) Robert E. Murray M. D. O.  
(Address) Russellville Mo.

S-27834