

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

Do not use this space.

JAN 21 1936

42269

1. PLACE OF DEATH

County Vernon
Township Washington
City Waverly (No. 1)

Registration District No. 875
Primary Registration District No. 6162

File No. 230
Registered No. 230
St. Ward

2. FULL NAME

(a) Residence, No. State Hosp No 7, Waverly Ward.

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 33 yrs. 11 mos. 11 ds. How long in U. S., if of foreign birth? 33 yrs. 11 mos. 11 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 OF Joel O. Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1860
7. AGE YEARS 75 MONTHS 11 DAYS 11 If LESS than 1 day, 11 hrs. or 11 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Waverly, Mo.

13. NAME Allen, Eliza C.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Mo.

15. MAIDEN NAME Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly, Mo.

17. INFORMANT (ADDRESS) John & H. W. Fisher, California, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE California, Mo. DATE Dec. 13, 1935

19. UNDERTAKER (ADDRESS) William F. Friedmeyer, California, Mo.

20. FILED Dec. 13, 1935 M. C. Bickinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to Dec 13, 1935
I last saw him alive on Dec 13, 1935 Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 12-2-35

Other contributory causes of importance: Generalized arteriosclerosis

Name of operation None Date of None
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury None, 19 None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Ray C. Curren, M. D.
(Address) State Hosp No 7, Waverly

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.

