

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

Do not use this space.

15489

1. PLACE OF DEATH
 16 County Cape Girardeau Registration District No. 125
 1 Township " " Primary Registration District No. 3009
 8 City " " (No. So. East mo. Hospital) St. _____ Ward _____

2. FULL NAME Mrs Hazel Ann Allen
 (a) Residence, No. _____ St. _____ Ward. Claffer mo
 (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.

File No. _____
 Registered No. 106 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-25-1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
29 6 9

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. House Work 235

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) Washington Ind

13. NAME Jessie Van Winkle
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co Ind

15. MAIDEN NAME Mollie Williams
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co Ind

17. INFORMANT Helen Allen
 (ADDRESS) Claffer mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mc Pain Cent DATE 5-6 1932

19. UNDERTAKER Hamer's Funeral Home
 (ADDRESS) Cape Girardeau mo

20. FILED 5-6 1932 W. H. C. C. C.
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-4 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-4 PM, to 5-4 1932
 I last saw him alive on 5-4 1932 Death is said to have occurred on the date stated above, at 10:45 m. PM
 The principal cause of death and related causes of importance were as follows:
Intestinal
OBSTRUCTION
(Perforation of Bowel)
 Other contributory causes of importance:
122 (B) (1)

Name of operation Laparotomy Date of 5-4-32
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) W. H. C. C. C., M. D.
 (Address) Cape Girardeau mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 21 1932

S. NO. 2.

