

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

Do not use this space.

32907

**1. PLACE OF DEATH**

County Cape Girardeau  
Township Boonville  
City Jackson Mo.

Registration District No. 124  
Primary Registration District No. 4070

File No. \_\_\_\_\_  
Registered No. 55  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Sallie Jane Allen

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

**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 W. H. Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 15 - 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	55	3	15	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Millersville  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER C. B. Stearns

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Bollinger Co. Mo.

12. MAIDEN NAME OF MOTHER Mary Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Cape Girardeau Mo.

14. INFORMANT G. B. Allen  
(Address) Jackson Mo.

15. FILED 12-2-27 BY H. G. Siebert  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 30 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 27, 1927, to Nov 30, 1927, that I last saw her alive on Nov 30, 1927, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS  
Myo - Carditis

CONTRIBUTORY (SECONDARY) Prophy  
(duration) about 5 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Specimens  
(Signed) W. H. Siebert, M. D.  
12-2, 1927 (Address) Jackson Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Russell Heights Ceme. DATE OF BURIAL 12/2/1927

20. UNDERTAKER J. W. M<sup>c</sup>Combs Jr. ADDRESS Jackson Mo.

K. 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.

THIS IS A PERMANENT RECORD

1928

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