

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.

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

PLACE OF DEATH

County Ballawar
Township Balwood
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 108 File No. 19355
Primary Registration District No. 5/5/7 Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Allie, V. Shaon

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
DATE OF BIRTH <u>April 10th, 1910</u> (Month) (Day) (Year)		
AGE <u>3 yrs. 3 mos. 17 ds.</u>		IF LESS than 1 day, _____ hrs. or _____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work _____ X		
(b) General nature of industry, business, or establishment in which employed (or employer) _____ X		
BIRTHPLACE (City or town, State or foreign country) <u>Balwood, Mo.</u>		
PARENTS	NAME OF FATHER <u>Singleton Shaon</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Fulton, Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Allie Salmon</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Balwood, Mo.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH July 27, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from July 26, 1910, to July 27, 1910, that I last saw him alive on July 27, 1910, and that death occurred, on the date stated above, at 4 P. m. The CAUSE OF DEATH* was as follows:

78B
Brain Fever
(Duration) _____ yrs. _____ mos. 3 ds.

Contributory _____
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) H. S. Simcoe M. D.
1910 (Address) Balwood, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Henry Myers,
(ADDRESS) Balwood Mo.

PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL July 28, 1910

UNDERTAKER E. W. Henderson ADDRESS Fulton, Mo.

Filed July 28, 1910 H. S. Simcoe
REGISTRAR

