

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH,

43774

1 PLACE OF DEATH

County Scott

Township Shelton

Village Shelton

City Shelton

Registration District No. 821

Primary Registration District No. 6070

File No. 174

Registered No. 174

(NO. 174 St. 174 Ward 174)

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

2 FULL NAME Darwin M. Allard

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE Married
MARRIED
WIDOWED
OR DIVORCED
(If write the word)

6 DATE OF BIRTH Sept 2, 1857
(Month) (Day) (Year)

7 AGE 61 yrs. 2 mos. 18 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry business, or establishment in which employed (or employer) -

9 BIRTHPLACE (City or town, State or foreign country) Glendale Ill

10 NAME OF FATHER Darwin M. Allard
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Do not know
12 MAIDEN NAME OF MOTHER Do not know
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Do not know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. E. Allard
(Address) Shelton Mo

15 Filed 1914, 191. 8 W E Davis
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 20, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 13, 1918, to Nov 20, 1918, that I last saw him alive on Nov 19, 1918, and that death occurred, on the date stated above, at 11:00 m.

The CAUSE OF DEATH* was as follows:
Influenza
10

(Duration) yrs. mos. ds.
CONTRIBUTORY Pneumonia
(Secondary)

(Signed) A. A. Mayfield M. D.
Nov 20, 1918 (Address) Shelton Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
18 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

19 PLACE OF BURIAL OR REMOVAL Shelton DATE OF BURIAL Nov 21, 1918

20 UNDERTAKER Dr. Allard ADDRESS Shelton 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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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County.....

Township.....

or

Village.....

or

City.....

Registration District No.

Primary Registration District No.

File No.

Registered No.

(NO.....,.....St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME:

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE MARRIED WIDOWED OR DIVORCED (If file the word)

6 DATE OF BIRTH 1
(Month) (Day) (Year)

7 AGE

8 OCCUPATION
 (a) Trade, profession, or particular kind of work.....
 (b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town,
State or foreign country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or foreign country)

ADRN	12 MAIDEN NAME	CE MOTIFED

13 BIRTHPLACE
OF MOTHER
(City or town, State or foreign country)

114 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

.....

15

Filed..... 191..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 191..... (Day) (Month) (Year)

17 I HEREBY CERTIFY, that I attended deceased from
 , 191 to , 191
 that I last saw him alive on , 191

that I last saw h..... alive on....., 191.....
and that death occurred, on the date stated above, at.....m.
The CAUSE OF DEATH* was as follows:

CONTRIBUTORY
(Secondary)

(Signature) (Duration) yrs. mos. ds. M. D. (Signed)

..... 191..... (Address)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted if not at place of death?

or Recent Residence)

Former or
usual residence.....

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

10 PERCENT OF GROSS INCOME	ADDRESS	191
20 UNDERTAKER		