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

Do not use this space.

21050

AUG 16 1927

1. PLACE OF DEATH

County Dekalb Registration District No. 259 File No.

Township Camden Primary Registration District No. 4158 Registered No.

City Maysville (No. , St. Ward)

2. FULL NAME Virgil Abijah Allen

(a) Residence. No. St., Ward.
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20th 1895

7. AGE — Years: 32 | Months: 3 | Days: 00 | If LESS than 1 day, hrs. or min.

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

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

PARENTS

10. NAME OF FATHER C. A. Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ia.

12. MAIDEN NAME OF MOTHER Anna Folks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) -- -- Kansas

14. INFORMANT C. A. Allen
(Address) Maysville Mo.

15. FILED July 21, 1927 J. L. Phillips REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 19, 1927, to July 20, 1927, that I last saw h alive on July 19, 1927, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Constitutional abscess
(r. lung, lower lobe)
82B
114B
(duration) 10 yrs. mos. ds.

CONTRIBUTORY
(SECONDARY) Cerebral embolism (duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

D DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. D. Compton DD
July 20, 1927 (Address) Cameron, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Grove

DATE OF BURIAL: 7 21 19

20. UNDERTAKER: U. G. Pilcher

ADDRESS: Maysville