

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

Do not use this space.

27-966

**1. PLACE OF DEATH**

County Greene  
Towship Hugh  
City Hugh

Registration District No. 45-3  
Primary Registration District No. 4390

File No. \_\_\_\_\_  
Registered No. 86  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. \_\_\_\_\_ St. 2 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 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 Emma Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 4 23

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Justice of the Peace  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER F. J. Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Calhoun Co.  
(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Minerva Dewey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greene  
(STATE OR COUNTRY) Mo.

14. INFORMANT A. O. Allen  
(Address) Hugh, Mo.

15. FILED 9-27-1927 J. C. Johnson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 27, 1927

17. I HEREBY CERTIFY That I attended deceased from Sept. 25, 1927, to Sept. 27, 1927, that I last saw him alive on Sept. 26, 1927, and that death occurred, on the date stated above, at 3:22 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cranial hemorrhage  
apophy

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. C. Johnson, M. D.

9-27-1927 (Address) Hugh, 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**

**DATE OF BURIAL**

Deats Cemetery

9-28-1927

**20. UNDERTAKER**

**ADDRESS**

Hugh Dorris

Hugh, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS SHOULD SIGN.

