

MAR 23 1928

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

Do not use this space.

1. PLACE OF DEATH

County Howell

Registration District No. 384

Township West Plains

Primary Registration District No. 4777

City West Plains

File No. 0707

Registered No. _____

St. _____

Ward) _____

2. FULL NAME

(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. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Ma.

4. COLOR OR RACE

White

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

widowed

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

Rilda Allen

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

Jan 1-1848

7. AGE

80-

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

Miller Co., Missouri

10. NAME OF FATHER

Allen

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

Don't know

12. MAIDEN NAME OF MOTHER

"

"

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

"

14.

INFORMANT (Address)

Ida Allen
West Plains

15.

FILED

2-24-28

O. A. Newnich

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

2-22-1928

17. I HEREBY CERTIFY That I attended deceased from _____ to _____

Jan 1-1928 to Jan 22-1928
that I last saw him alive on _____, 1928, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Inter-Nephritis
131

CONTRIBUTORY (SECONDARY)

Myocarditis (duration 3 yrs. ☒ mos. ☒ ds.)

1290 (duration 2 yrs. ☒ mos. ☒ ds.)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) _____

M. D. _____

Apr. 1928 (Address) West Plains 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

Gallery

2-23-1928

20. UNDERTAKER

ADDRESS

M. Farlands

West Plains Mo

