30 1928

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

Do not use this space.

11923

1. PLACE OF DEATH
County Shelby. Registration District No. 827 File No.
Township Salem Primary Registration District No. 6089 Registered No. 11
City Cherry Box (No. St. Ward)

2. FULL NAME William Henry Allred

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: 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: Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 1 - 1861

7. AGE: Years 66, Months 8, Days 10. If LESS than 1 day, ...hrs. or ......min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer,
(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) North Carolina

PARENTS

10. NAME OF FATHER: Soloman Allred
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER: Brazill Upton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) North Carolina

14. INFORMANT Mrs William Allred
(Address) Cherry Box.

15. FILED 3/13, 1928 Ray Hamilton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11 1928

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1927, to March 11, 1928, that I last saw him alive on March 11, 1928, and that death occurred, on the date stated above, at 5 30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitis & Myocarditis
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia Lobar
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at Place of Death
Did an operation precede death? no. Date of
Was there an autopsy? no
What test confirmed diagnosis? Sugar in urine & Physical
(Signed) S L Simpson, M. D.
3/12, 1928 (Address) Leonard 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: Cherry Box
DATE OF BURIAL: March 13 28

20. UNDERTAKER: E E Hopper
ADDRESS: Clarence 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.