JUN 5

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

Do not use this space.

11930

1. PLACE OF DEATH
County Stoddard — Registration District No. 834 — File No.
Township Pike — Primary Registration District No. 6097 — Registered No. 10
City Bloomfield R 2 (No. ..... St. ..... Ward)

2. FULL NAME J. W. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓ dont Know

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 26 - 1849

7. AGE: ~~78~~ 79 — YEARS: 1 — MONTHS: 10 — DAYS: — 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): Ky

PARENTS
10. NAME OF FATHER: D.K.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): D.K.
12. MAIDEN NAME OF MOTHER: D.K.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): D.K.

14. INFORMANT: M. B. Heflin
(Address) Bloomfield, Mo

15. FILED 4-10-1928 W. McKearly REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar. 6th 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 2d, 1928, to Mar. 6th, 1928 that I last saw him alive on Mar 4th, 1928 and that death occurred, on the date stated above, at 6 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
11A
10 7A
(duration) ..... yrs. ..... mos. 5 ds.
CONTRIBUTORY (SECONDARY): La Grippe
(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? At home
DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. S. Davis, M. D
4-9-, 1928 (Address) Bloomfield, 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: Ladd. Cem. Mo — DATE OF BURIAL: 3/7 1928

20. UNDERTAKER: Lee G. Chiles — ADDRESS: Blfd, 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.