

21 1928

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

Do not use this space.

1. PLACE OF DEATH

County Centry

Registration District No. 313

Township Millers

Primary Registration District No. 5432

City \_\_\_\_\_ (No. \_\_\_\_\_)

File No. 20355-a

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James 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)

Widowed

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Lucy Cornwell Allen

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

Jan 2 1897

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

87

5

1

8. OCCUPATION OF DECEASED

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

Retired 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)

Claviness Co Mo

10. NAME OF FATHER

Eliza Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Platte Co Mo

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

✓

PARENTS

14.

INFORMANT (Address)

David Allen  
McFall Mo

15.

June 18 1928  
H. J. Patton  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

June 3 1928

17.

I HEREBY CERTIFY That I attended deceased from Mo

19 28, to June 3 19 28  
that I last saw h. 1 alive on June 3 19 28, and that death occurred, on the date stated above, at 5:10 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Atherosclerosis

124B

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. P. Treasurer, M. D.  
19 (Address) McFall 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

McFall Cemetery

June 4 1928

20. UNDERTAKER

ADDRESS

Edw. Brown  
McFall 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.

