

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

Do not use this space.

21565

1. PLACE OF DEATH

County Ralls
Township Saline
City Rolla

Registration District No. 930
Primary Registration District No. 5962

File No. _____
Registered No. 5

2. FULL NAME Arthur Lee Allen

(a) Residence. No. _____ St. _____ Ward. _____
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 24th 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>2</u>	<u>22</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(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) Quincy Ill

10. NAME OF FATHER Albert Allen

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

12. MAIDEN NAME OF MOTHER Lucretia Allen

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

14. INFORMANT W A Grosser
(Address) Monroe City Mo

15. FILED 7/9 1928 J. E. Floyd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17th 1928

I HEREBY CERTIFY that I attended deceased from June 2, 1928 to June 15, 1928 that I last saw him alive on June 14, 1928, and that death occurred, on the date stated above, at 5 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia

107A
107A (duration) yrs. mos. ds. 14 da.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED not known
IF NOT AT PLACE OF DEATH. _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

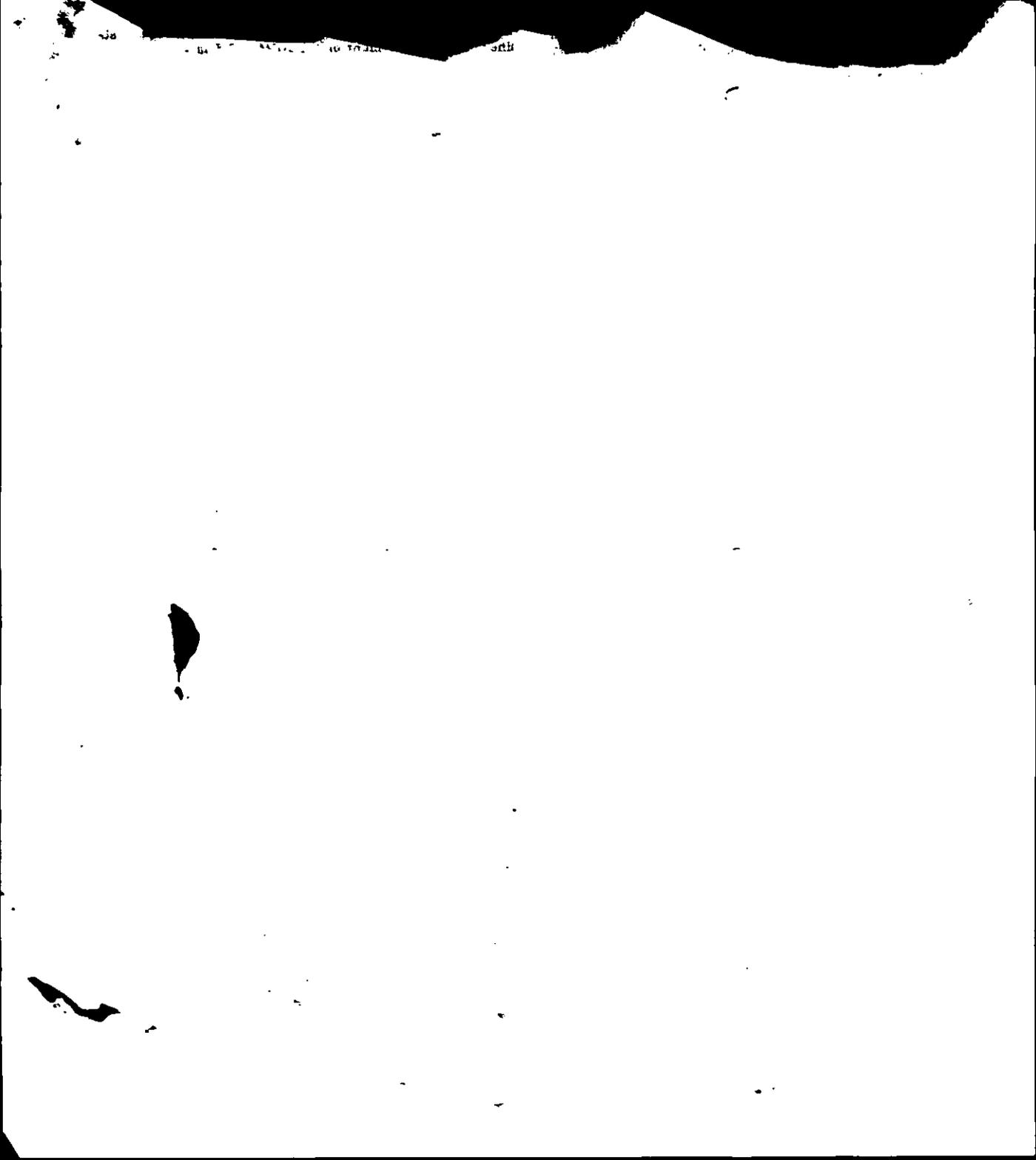
20. WHAT TEST CONFIRMED DIAGNOSIS? Physiogn. Findings
(Signed) John H. Habbe, M. D.
(Address) Monroe City, Mo

*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 Brushwood Roll Co DATE OF BURIAL June 16th 1928

20. UNDERTAKER Wilson ADDRESS Monroe City Mo

N. S. C. A. D. 1928
Reference to occupation is very important.
Occupation may be properly classified so that it may be properly classified.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Callis Registration District No. 930 File No. _____
 Township Maline Primary Registration District No. 3-962 Registered No. 3-
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Arthur Lee 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 s
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 6/15 19 28

J. E. Floyd REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 19 28

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, (that I last saw him _____ since on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS
Brochial Pneumonia
 (duration) about 11 days
 CONTRIBUTORY Pneumonia Primary (SECONDARY) cause (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____

, 19 (Address)

*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

June 16 19 28
 ADDRESS

20. UNDERTAKER

Wilson & Son, Mouri City Missouri.

WRITE PLAINLY, IN UNFADING INK---THIS IS A PERMANENT RECORD

B.—Every item of information should be carefully supplied. Age should be stated exactly. INSTRUCTIONS.—This state certificate of death is a permanent record. Exact statement of OCCUPATION is very important. C.—USE OF DEATH IN PLAIN TERMS.—Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

5-21565