

2 1928

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

Do not use this space.

23219

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125Township 1stPrimary Registration District No. 3009City Jefferson(No. 1002)File No. 1157

Registered No. _____

St. 3

Ward _____

2. FULL NAME

(a) Residence No. _____

(Usual place of abode)

St. _____

Ward. _____

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. da.

How long in U.S., if of foreign birth? yrs. mos. da.

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

Marionne Ballen

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

Feb 3 - 1891

7. AGE

YEARS

MONTHS

DAYS

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

67515

8. OCCUPATION OF DECEASED

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

Labor

(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)

Jenn

10. NAME OF FATHER

Will Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Blackburn

12. MAIDEN NAME OF MOTHER

Ellen Way

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Blackburn

14.

INFORMANT

(Address)

Herman Allen

15.

FILED

7/19, 28

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 18, 1928

17.

I HEREBY CERTIFY, That I attended deceased from June 28, 1928, to July 18, 1928
that I last saw him alive on July 18, 1928, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

colitis120B

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) W. A. Schwen, M. D.7-19, 1928 (Address) Cape Girardeau 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

Fairmount Cemetery

ADDRESS

20. UNDERTAKER

Lorberg F & W CoCape Girardeau 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.

