

SEP 24 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

26360

1. PLACE OF DEATH

County BarryRegistration District No. 30Township MonettPrimary Registration District No. 3003City Monett (No.)File No. Registered No. 65St. Ward

2. FULL NAME

(a) Residence, No. Jonathan Pryor Allcock 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.

da.

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

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Mrs. Elizabeth Allcock

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

Dec 7, 1856

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.71822

8. OCCUPATION OF DECEASED

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

Retired

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Francis

(STATE OR COUNTRY)

Ark.

10. NAME OF FATHER

Wm. Allcock

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Laurena E. Howard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Francis
Ark.

PARENTS

14.

INFORMANT

(Address)

Laurena AllcockMonett, Mo.

15.

FILED 8-31-28W. M. West

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

Aug 29 1928

17.

I HEREBY CERTIFY That I attended deceased from

Aug 1, 1928 to Aug 29, 1928But I last saw him alive on Aug 25, 1928, and that death occurred, on the date stated above, at 7:15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial
nephritis121132B

CONTRIBUTORY (SECONDARY)

Uremia(duration) yrs. 29 mo. 29 da.

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?

Physical findings

(Signed)

Ernest Mitchell, M.D.

, 19

(Address)

Monett 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

Calton Cemetery8/31 1928

20. UNDERTAKER

ADDRESS

CallawayMonett

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.

