

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

Do not use this space.

28072

1. PLACE OF DEATH

County Oregon
Township Jeff
City 71 Jeff (No. _____) St. _____ Ward _____

Registration District No. 632
Primary Registration District No. 4382

File No. _____
Registered No. _____

2. FULL NAME

John Allen - (John Allen)

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower
5A. ~~to Married, Widowed, or Divorced~~
HUSBAND OF _____
(or) WIFE OF Susann Knobler
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-17-1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62 | 4 | 19

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) Farmer
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois - ?

PARENTS
10. NAME OF FATHER Wm Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) "

14. INFORMANT A. L. Carr
(Address) Shaver, mo

15. FILED Aug 22 28 1928 E. Shea REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-7-1928

17. I HEREBY CERTIFY, That I attended deceased from Nov-20, 1927, to Aug-7-, 1928, that I last saw him alive on Aug-7-, 1928, and that death occurred, on the date stated above, at 7:30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Strophy

958 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTOR (SECONDARY) 9113 (duration) _____ yrs. _____ mos. _____ ds.

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) W. S. Morris, M. D.
Aug 22, 1928 (Address) Memmoth Sp. Ark

*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 Jeff Cemetery DATE OF BURIAL 8-7-1928
ADDRESS _____

20. UNDERTAKER None

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.

