

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

Do not use this space.

32411

1. PLACE OF DEATH

County Saline
Township Marshall
City Marshall (No.)

Registration District No. 290
Primary Registration District No. 6038

File No.
Registered No.
St. Ward

2. FULL NAME

Samuel 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 m 4. COLOR OR RACE Blk 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 28 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
98 5 7

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 employee)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

10. NAME OF FATHER Henry Allen

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs. Dancy Cruthfield
(Address) Marshall

15. Sept 8 1928 Mrs. Mary Plank
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 5 1928

17. I HEREBY CERTIFY That I attended deceased Sept 5 1928
that I last saw him alive on Sept 3 1928, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Encephalitis 84
70 B (duration) yrs. 2 mos. 5 ds.

CONTRIBUTORY (SECONDARY)

Acute Meningitis (duration) yrs. 1 mos. 18 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? 0 DATE OF 9-5-28

WAS THERE AN AUTOPSY? 0

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. Webb, M. D.

Sept 5 1928 (Address) Marshall, 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 Salt pond cem DATE OF BURIAL Sept 8 1928

20. UNDERTAKER L. R. Vandiver ADDRESS Marshall

