Mayfield

JAN 28 1929

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

Do not use this space.

43732

1. PLACE OF DEATH

County Scott — Registration District No. 821 — File No. 7

Township Richland — Primary Registration District No. 6070 — Registered No.

City ..... (No. ....., ..... St. ..... Ward)

2. FULL NAME Wm W Allen

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 4 1889

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 39 | 9 | 3 | |

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Blythesville
(STATE OR COUNTRY) Ark

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Wylie Scott
(Address) Sikeston Mo

15. FILED 1/10, 1929 Route 1 Box 298 Mattie E Dennis REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/7 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1928, to Dec 7, 1928, that I last saw him alive on Dec 7, 1928, and that death occurred, on the date stated above, at 8:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 Pleuro Pneumonia

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 101 A

(duration) yrs. mos. ds.

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? Omega

(Signed) A A Mayfield, M. D

Dec 14 1928 (Address) Sikeston 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: Carpenter — DATE OF BURIAL: 12/9 1928

20. UNDERTAKER: H J Welsh — ADDRESS: Sikeston 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.