

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

Do not use this space.

13490-a

1. PLACE OF DEATH

County Scott
Township North
City Beaufort (No.)

Registration District No. 819
Primary Registration District No. 6068

File No.
Registered No.
St. Ward)

2. FULL NAME

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

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Laura Allen (or widow of)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
59 =

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) New Madrid
(STATE OR COUNTRY) New Madrid Co. MO

10. NAME OF FATHER Ben F. Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2 Eastbrook
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary M. Strong

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

14. INFORMANT B. F. Karpis
(Address) Beaufort Mo

15. FILED 8-8-24 C. E. Harrie
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 27th 1929

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
(that I last saw him alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gunshot inflicted by himself.

167 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

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) George F. Dempster, M. D.
, 19 (Address) Coroner Scott County

*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 North Miami DATE OF BURIAL July 26th 1929
20. UNDERTAKER C. M. Supton ADDRESS North Miami

ИСТОРИЯ ОТЕЧЕСТВЕННОЙ ВОЙНЫ

1845 102

224

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Scott
Township Monroe
City Monroe (No.)

Registration District No. 819
Primary Registration District No. 6068

File No.
Registered No.
St. Ward

2. FULL NAME

Matt Allen

(a) Residence. No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

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

M

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

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

7. AGE

YEARS

MONTHS

DAYS

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

8. OCCUPATION OF DECEASED

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

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

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

Mar 27 1929

17.

I HEREBY CERTIFY, That I attended deceased from

(that I last saw him alive on 19....., and that
death occurred, on the date stated above, at m.

(THE CAUSE OF DEATH) WAS AS FOLLOWS:

Sepsis that infected
himself
suicide

**CONTRIBUTORY
(SECONDARY)**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) M. D.

, 19 (Address)

*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

19

20. UNDERTAKER

ADDRESS

14.

INFORMANT
(Address)

15.

FILED

8, 8, 29 S. E. Harris

REGISTER

REGISTERED CAUSE OF DEATH IS VERY IMPORTANT. EXACTLY AS PRESCRIBED BY LAW. CERTIFICATE YES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY 170

S-13490²