

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

Do not use this space.

18924

1. PLACE OF DEATH
 County Oregon Registration District No. 632
 Township Thayer Primary Registration District No. 4382
 City Thayer (No. _____) St. _____ Ward _____

2. FULL NAME George Marion Allen
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 67 yrs. 11 mos. 23 ds. How long in U.S., If of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lizzie Graham</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 7 - 1862</u>		
7. AGE <u>67</u>	YEARS <u>11</u>	MONTHS <u>23</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Laborer</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Thayer - Missouri</u> (STATE OR COUNTRY)		
10. NAME OF FATHER <u>Shelton Allen</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER <u>Unknown</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Missouri</u> (STATE OR COUNTRY)		
14. INFORMANT <u>Mary Smith</u> (Address) <u>Thayer, Mo</u>		
15. <u>June 10, 1929</u> <u>G. Rhea</u> FILED 1929 REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 - 1929

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1929, to May 31, 1929 that I last saw him alive on May 31, 1929, and that death occurred, on the date stated above, at 10:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritic
131

CONTRIBUTORY (SECONDARY) 1290 (duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS
G. Rhea (Signed) _____, M. D.
June 10, 1929 (Address) Thayer 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 Clifton Cemetery - Mo DATE OF BURIAL 6/2 1929
 20. UNDERTAKER A. L. Carr ADDRESS Thayer Mo

JUL 21 1929
 237
 1
 2
 1

