

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

Do not use this space

29 1929
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1. PLACE OF DEATH

County Saline
Township Miami
City Miami, Mo.

Registration District No. 797
Primary Registration District No. 6040

File No. 23517
Registered No. 6

2. FULL NAME

Isaac Allen

(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 M 4. COLOR OR RACE black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
about 35

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 employee)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Saline Co, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Isaac Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mont-King
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Matilda Jones

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

14. INFORMANT Erna Allen
(Address) Miami, Mo

15. FILED 6/6-29 Frank H. Hession REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15, 1929

17. I HEREBY CERTIFY, That I attended deceased from June 14, 1929, to June 15, 1929, that I last saw him alive on June 15, 1929, and that death occurred, on the date stated above, at 10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid Fever
(duration) yrs. mos. 17. da.
CONTRIBUTORY acute myocarditis
(SECONDARY) (duration) yrs. mos. 7. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) W. H. Sullivan, M. D.
6-15-1929 (Address) Miami, 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 Pinckney cemetery DATE OF BURIAL June 17, 1929

20. UNDERTAKER R. Robbins ADDRESS Marshall, Mo

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