

AUG 9 1929

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

Do not use this space.

23917

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
Hospital Missouri Methodist Hospital

File No. _____
Registered No. 912
St. _____ Ward _____

2. FULL NAME Edward Woolly Allee

(a) Residence. No. _____ St. _____ Ward Isadora Missouri
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 (OR) WIFE OF Grace Winnifred Allee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 Unk. Unk.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Versailles
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER John Allee

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Ted Allee
(Address) Isadora, Missouri

15. FILED 31 1929 REGISTRAR John G. Galt

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 19 29

17. I HEREBY CERTIFY, That I attended deceased from July 29 1929, to July 31 1929, that I last saw him alive on July 31 1929, and that death occurred, on the date stated above, at 3:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Appendicitis gangrenosa

121A
121B (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Appendicitis

(duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? yes DATE OF 7/28/29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. P. B. - M. D.

, 19 (Address) Isadora, Missouri

*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 Isadora, Missouri, via auto

DATE OF BURIAL Aug. 2, 1929

20. UNDERTAKER

ADDRESS

Heaton - Bell & Bowman 319 S. 10 St.

Sumner Home

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.

THIS IS A PERMANENT RECORD

