

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

Do not use this space.

33548

1. PLACE OF DEATH

County Grundy

Registration District No. 330

Township Freeston

Primary Registration District No. 3017

City Freeston (No.)

File No.

Registered No.

St. Ward)

2. FULL NAME

Carroll P. Allen

(a) Residence. No. 41

St. 1st 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. 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

Alida Allen

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

Mar 30, 1886

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

43

6

28

8. OCCUPATION OF DECEASED

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

Real Estate

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Harrison County

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Thomas Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Virginia

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Mary Anne Butler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

14.

INFORMANT

Bert Allen

(Address)

Both my Mo

15.

FILED

Oct 31, 1929

E. A. Duffy

REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

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

Oct 28, 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1929 to Oct 28, 1929 that I last saw him alive on Oct 28, 1929, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic hypochloritis + organic liver disease
131
95B

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH

No

DATE OF

WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

10/30, 1929 (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

Maple Grove

20. UNDERTAKER

Lipscomb Farm Co.

PLACE OF BURIAL

Oct 31, 1929

ADDRESS

Freeston 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.

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