68
10-26 1929

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

Do not use this space.

34470

1. PLACE OF DEATH
County Moniteau
Township Walker
City ..... (No. ..... St. ..... Ward)

Registration District No. 571
Primary Registration District No. 5769

File No. .....
Registered No. 52

2. FULL NAME Urban Earl 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 8 - 1888

7. AGE: Years 41; Months 6; Days 2; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Merchant
(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): Moniteau Co

PARENTS
10. NAME OF FATHER: James Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Moniteau
12. MAIDEN NAME OF MOTHER: Ella Melton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Moniteau Co

14. INFORMANT: Mrs James Allen
(Address) California Mo

15. FILED 10/11, 1929 Jas W Roth REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) October 10 1929

17. I HEREBY CERTIFY, That I attended deceased from October 1, 1929, to Oct - 10, 1929 that I last saw him alive on Oct 10 - 1929, and that death occurred, on the date stated above, at 5 A M m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Obstruction in
122B Intestines
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

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) L M Gray M. D
10/11, 1929 (Address) California 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: Masonic Cem
DATE OF BURIAL: 10/12 1929

20. UNDERTAKER: Williams & Friedmeyer
ADDRESS: California Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.