

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

Do not use this space.

36060
35086

1. PLACE OF DEATH

County Stone
Township Washington
City Galena (No.)

Registration District No. 843
Primary Registration District No. 4513

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. Okla. 1000 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 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>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>m</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. Thel Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or min.
	<u>36</u>	<u>6</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

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

10. NAME OF FATHER Walter Allen

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

12. MAIDEN NAME OF MOTHER Becky Tyler

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

14.

INFORMANT E. Thel Benjamin
(Address) Galena

15.

FILED Oct 10 1929 Thos. J. McLeod
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9 1929

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
that I last saw h..... alive on 19..... and that death occurred, on the date stated above, at 10-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gunshot wound -
Homicide

173 1917 (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? yes DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS m

(Signed) [Signature] M. D.

. 19 (Address) Galena, 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	DATE OF BURIAL
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<u>Galena, Mo</u>	<u>10-10 1929</u>
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20. UNDERTAKER	ADDRESS
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<u>W. J. Hutton</u>	<u>Clarks</u>
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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.

OCT 6 1959