

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.

APR 28 1930 O.C. Horst

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

Do not use this space.

8414

1. PLACE OF DEATH

County Dreese Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield, Mo (No. _____) St. _____ Ward _____

File No. _____
Registered No. 269
St. _____ Ward _____

2. FULL NAME Lee Worster Allen

(a) Residence No. 1207 Prospect St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 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) Widower
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 20 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 0 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lacene
(STATE OR COUNTRY) Wisconsin

10. NAME OF FATHER L.R. Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Vermont
12. MAIDEN NAME OF MOTHER Lucina Fancher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Vermont

14. INFORMANT Mrs. J. F. Holley
(Address) _____

15. FILED 3-29-30 / 1207 Prospect Ave
Luc Sharp Reg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 1930
17. I HEREBY CERTIFY That I attended deceased from 3-1-1930 to 3-29-1930 that I last saw him alive on 3-29-1930, and that death occurred, on the date stated above, at 12 30 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis
935
over 1 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptom
(Signed) O.C. Horst, M. D.
3/29. 1930 (Address) 625 Woodruff Bldg

*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 Lebanon, Mo DATE OF BURIAL March 31 1930

20. UNDERTAKER J. C. Thieme ADDRESS Springfield

