

N. B.—Every item of information furnished 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.

MAY 28 1930

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

Do not use this space.

15189

1. PLACE OF DEATH

County Wright
Township Gardner
City Hartsville (No.)

Registration District No. 906
Primary Registration District No. 6221

File No.
Registered No. 23
St. Ward)

2. FULL NAME

John F. Allen

(a) Residence No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Dora Allen

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

Feb 7 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

70

2

10

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)

Tennessee

PARENTS

10. NAME OF FATHER

Benjamin Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

12. MAIDEN NAME OF MOTHER

Susan Stone

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

14.

INFORMANT

(Address)

Mrs. F. Carter
East St. Louis

15.

FILED

Apr 30 1930
Mabel Bear

REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

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

April 17 1930

I HEREBY CERTIFY, That I attended deceased from March 1921, to Apr 17 1930
that I last saw him alive on about Apr 17 1930 and that death occurred, on the date stated above, at about 12 noon.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy.

59 sudden death
82 A (duration) yrs. mos. ds.

CONTRIBUTORY Diabetes Mellitus

(SECONDARY)

(duration) 9 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. L. Latimer, M. D.

, 19 (Address) Hartsville 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

Hartsville Cemetery April 20 1930

20. UNDERTAKER

ADDRESS

F. A. Steffe Manassas Va

