

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

Do not use this space.
21553
21854

PLACE OF DEATH
Saline

County *Saline*

Township *Marshall*

City *Marshall* (No.)

Registration District No. *796*

Primary Registration District No. *3038*

File No.

Registered No. *73*

St. Ward

2. FULL NAME *James Francis 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 *M* 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 *Margaret Allen*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug. 14 1846*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
83 9 26

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Ret. Carpenter*
(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) *West Virginia*

10. NAME OF FATHER *Charlie Allen*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *West Virginia*

12. MAIDEN NAME OF MOTHER *Lula Sanders*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *West Virginia*

14. INFORMANT *George Allen*

(Address) *Marshall Mo*

15. FILED *6-15-30 Mrs. John H. McQuire*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 10 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Nov 1* to *June 10 1930*

that I last saw him alive on *June 9 1930*, and that death occurred, on the date stated above, at *12-15 a.m.*

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Hypernephritic Nephritis
131

930 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) *Chronic Myocarditis* (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? *Glucose*

(Signed) *Glucose* M. D.

6/10 1930 (Address) *Kristen*

*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

Rothville Mo June 11 1930

20. UNDERTAKER *L. R. Vandiner* ADDRESS *Marshall Mo*

