

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.

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

Do not use this space.

26508

1. PLACE OF DEATH

County Henry
Township Beaver Creek
City (No.)

Registration District No. 312
Primary Registration District No. 5454

File No.
Registered No.
St. Ward

2. FULL NAME

(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

white

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

married

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

Nanna E. van Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 16, 1842

7. AGE

YEARS

88

MONTHS

4

DAYS

8

IF LESS than 1
day, hrs.
or min.

8. OCCUPATION OF DECEASED

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

Farmer

(b) General nature of industry,
business, or establishment in
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Albany
(STATE OR COUNTRY) N.Y.

PARENTS

10. NAME OF FATHER Philip Van Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Albany
(STATE OR COUNTRY) N.Y.

12. MAIDEN NAME OF MOTHER Adeline Ware

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Albany
(STATE OR COUNTRY) N.Y.

14. INFORMANT Mrs. John Van Allen
(Address) Rt 3 - Montrose, Mo

15. FILED 8-25-30 J. H. Miller
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 26, 1930, to Aug. 18, 1930,
that I last saw him alive on Aug. 18, 1930, and that
death occurred, on the date stated above, at 8:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis

CONTRIBUTORY
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. E. Baggerly, M. D.

8-24-1930 (Address) Montrose, 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

Concordia Mo

DATE OF BURIAL

8-25 1930

20. UNDERTAKER

Tom Hurst

ADDRESS

Keopate

