

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 21 1930

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

Do not use this space.

32074

1. PLACE OF DEATH

County *Rollinger*

Registration District No. *67*

Township *Forange*

Primary Registration District No. *37522*

City (No. _____)

File No. _____

Registered No. *26*

St. _____ Ward _____

2. FULL NAME

Daniel Jackson 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 *3* yrs. mos. da. 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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

husband of Emeline Allen

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

Aug. 8 - 1844

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

86

2

2

8. OCCUPATION OF DECEASED

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

Farming

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Coff Co. Penn.

(STATE OR COUNTRY)

10. NAME OF FATHER

Claborn Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Penn.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Rebecca Guber

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Penn.

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Elija Allen
Laflin Mo.

15.

FILED

10/12 1930
G. D. Bunker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct. 10* 19*30*

17. I HEREBY CERTIFY, That I attended deceased from *Jan 1910*, 19*10*, to *Oct. 10*, 19*30*, and that I last saw him alive on *Oct. 7*, 19*30*, and that death occurred, on the date stated above, at *7:58 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac dilatation and Chronic Prostatitis

137
958 (duration) *20* yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Old age

18. WHEREAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

At his home in Bol. Co. Mo.

DID AN OPERATION PRECEDE DEATH? *No* DATE OF _____

WAS THERE AN AUTOPSY?

Physical Examination

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *J. M. Priney* M. D.

Oct. 10, 1930 (Address) *Laflin 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

Obenegar Cemetery

Oct. 11 19*30*

20. UNDERTAKER

ADDRESS

G. Linger

Laflin Mo.

