

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

Do not use this space.

39959

PLACE OF DEATH

County Lewis
Township _____
City Canton

Registration District No. 477
Primary Registration District No. 4286

File No. _____
Registered No. 57
St. _____ Ward _____

2. FULL NAME Earl Frederick 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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 11th 1924

7. AGE YEARS MONTHS DAYS
6 4 0
IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) La Grange
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Harvey Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) La Grange
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Annie Weathers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) La Grange,
(STATE OR COUNTRY) Mo.

14. INFORMANT Harvey Allen
(Address) La Grange, Mo.

15. FILED 12-15-30 H.W. Harris
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11th 1930
17. _____

I HEREBY CERTIFY, That I attended deceased from Nov 25th, 1930, to Dec 11th, 1930, that I last saw him alive on Dec 10th, 1930, and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis meningitis

CONTRIBUTORY (SECONDARY) Appendicitis preceded
disease (duration) _____ yrs. _____ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED not known
IF NOT AT PLACE OF DEATH _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 28th-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical symptoms

(Signed) Dr. E. E. Lewis, M. D.

, 19 (Address) La Grange, 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 La Grange DATE OF BURIAL Dec 14 19 30

20. UNDERTAKER A.A. Roberts ADDRESS La Grange, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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