

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

Do not use this space.

2540

PLACE OF DEATH
County Randolph
Township
City Moberly

Registration District No. 735
Primary Registration District No. 3034
(No. Woodland Hospital)

File No.
Registered No. 5
St. Ward)

FULL NAME William A. Allen

(a) Residence. No. 121 So 4th 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 11th 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 0 23

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) Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER William H Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER Rebecca Gardner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Mrs. Margaret Baker
(Address) Moberly Mo.

15. FILED 1-6-1931 Dr. Tho's S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 4th 1931

17. HEREBY CERTIFY, That I attended deceased from Jan. 2, 1931, to Jan. 4, 1931, that I last saw him alive on Jan 4, 1931, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute thrombosis superior mesenteric artery

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? Yes DATE OF Jan 3
WAS THERE AN AUTOPSY? Not to my knowledge
WHAT TEST CONFIRMED DIAGNOSIS? Exploratory operation
(Signed) R.D. Shreeves, M. D.
1-6th, 1931 (Address) Moberly, 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 Moberly Mo DATE OF BURIAL Jan 5th 1931

20. UNDERTAKER Mahan and Son ADDRESS Moberly 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

REB 20 1931

