

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.

1. PLACE OF DEATH

County Schuyler
Township Downing
City Downing (No. 9)

Registration District No. 802
Primary Registration District No. 4481

File No. 4165
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. Downing Mo
(Usual place of abode)
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 wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 20-1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 0 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at school
(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) Scotland Mo

PARENTS

10. NAME OF FATHER James O Allen

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

12. MAIDEN NAME OF MOTHER Hedra Ingram

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland Mo

14.

INFORMANT R O Allen
(Address) Downing Mo

15.

FILED 1-12-31 J R B
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10-1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1931, to Jan 10, 1931, that I last saw him alive on Jan 10, 1931, and that death occurred, on the date stated above, at 3:53 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis
1000

CONTRIBUTORY (SECONDARY) Acute Appendicitis
(duration) yrs. mos. 4 ds.

(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED

121 NOT A PLACE OF DEATH Downing Mo

DID AN OPERATION PRECEDE DEATH? yes DATE OF 1/9/31

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS operative

(Signed) E. S. Smith, M. D.

1/10, 1931 (Address) Kirksville 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

Downing Mo. DATE OF BURIAL Jan 12, 1931

20. UNDERTAKER

Roberts + Moore Downing Mo. ADDRESS

