

24 1934

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

Do not use this space.

5092

1. PLACE OF DEATH

County Dunklin
Township Collins Hill
City (No. _____)

Registration District No. 289
Primary Registration District No. 5407

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Ray Edward 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 11th 1931

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) Infant 11. Total time (years) spent in this occupation Infant

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Mo.

13. NAME Dwovey Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lupton Co. Tenn.

15. MAIDEN NAME Alma Knight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Mo.

17. INFORMANT Dwovey Allen (ADDRESS) Rt. 2, Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stephens Chapel DATE 2/11/1934

19. UNDERTAKER W. L. Craig (ADDRESS) Malden Mo.

20. FILED 2/11/1934 S. E. Mitchell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1934

22. I HEREBY CERTIFY, That, I attended deceased from February 11th 1934, to February 11, 1934
I last saw him alive on February 11th 1934. Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

Congenital Delectasis Date of onset 1/11/31
161A
161A
Other contributory causes of importance: (D)

Name of operation nose Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1934

Where did injury occur? ✓ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) S. E. Mitchell, M. D.
(Address) Malden 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.

