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

Do not use this space.
13671

1. PLACE OF DEATH
3 County DeKalb Registration District No. 259
2 Township Camden Primary Registration District No. 3259B
4 City Maysville (No. 4158 St. Ward)
File No.
Registered No.

2. FULL NAME James Bryan Allen

(a) Residence. No. (Usual place of abode) St., Ward.
Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

MAY 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 21-52

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	78	4	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Mechanic
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jefferson County
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER David G. Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER McCamblen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT Florence Janice Allen
(Address) Maysville Mo.

15. FILED 5-4, 1931 J. L. Phelps REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3rd 1931

17. I HEREBY CERTIFY, That I attended deceased from June, 1930, to April 3rd, 1931, that I last saw h. alive on April 3rd, 1931, and that death occurred, on the date stated above, at 6 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-nephritis
25B
49B
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Parkinson's disease
(duration) 14 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 49B
IF NOT, AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Date of
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo. D. Johnson, M. D
4/5, 1931 (Address) Maysville 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 Maysville — DATE OF BURIAL 4/5 1931

20. UNDERTAKER J. A. Davies — ADDRESS Maysville