

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.

MAY 27 1931

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

Do not use this space.

14878

## 1. PLACE OF DEATH

County Macon  
Township Macon  
City Macon (No. 4)

Registration District No. 593 ✓  
Primary Registration District No. 3027

File No. 48  
Registered No. 48  
St.        Ward       

## 2. FULL NAME

(a) Residence No.        St.        Ward         
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6<sup>th</sup> 1894

7. AGE YEARS 37 1/2 MONTHS 4 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1

13. NAME S. P. Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Nora Hall

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodland Cem. DATE 5-2-31

19. UNDERTAKER (ADDRESS) Stephens & Gooding  
Macon, Mo.

20. FILED 4/30 1931 Mrs. Luke Thumler Registrar

## 2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29<sup>th</sup> 1931

22. I HEREBY CERTIFY, That I attended deceased from April 29<sup>th</sup> 1931, to April 29<sup>th</sup> 1931. I last saw him alive on April 29<sup>th</sup> 1931. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Pneumonia Date of onset 12/18

129

Other contributory causes of importance: Appendicitis

Name of operation Appendectomy Date of Apr 29 1931

What test confirmed diagnosis? NO 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        19      

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? If so, specify NO

(Signed) A. M. Russell, M. D.

(Address) Macon, Mo.



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Macon  
Towship 1  
City 1 (No. 1)

Registration District No. 533  
Primary Registration District No. 3027

File No. 48  
Registered No. 48  
St. 1 Ward 1

**2. FULL NAME**

Joe H. Allen

(a) Residence, No. 1 St. 1 Ward 1  
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6-1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
36 4 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)  
(STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Mrs. S. P. Allen  
(Address) Macon Mo  
15. FILED 1/30, 1931 Mrs. Luke Gunkel  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-29 1931

17. I HEREBY CERTIFY, That I attended deceased from 19 to 19  
that I last saw him alive on 19, and that death occurred, on the date stated above, at 19 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) 19, M. D.  
(Address)

\*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

K. 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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