

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

Do not use this space.

22081

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Mason Primary Registration District No. 3079
City Hannibal (No. Riversfront at Hill St) St. 1st Ward

File No. _____
Registered No. 163
St. 1st Ward

2. FULL NAME

Eubal W. Allen
(a) Residence, No. 1410 Paris 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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22d. 1914
7. AGE YEARS 9 MONTHS 7 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Rockford Indiana

13. NAME Wm. M. Allen

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

15. MAIDEN NAME Rose Hawkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no

17. INFORMANT Wm. M. Allen
(ADDRESS) 1410 Paris Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE out & lived DATE 6/6 1931

19. UNDERTAKER James O'Donnell
(ADDRESS) Hannibal Mo

20. FILED 6/6 1931 W. A. Kousciv
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/4/31 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3:15 p. m.

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

Accidental Drowning
By falling of boat into
river at 149 1/2 1st
213D
Other contributory causes of importance: 110

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury _____, 19____

Where did injury occur? Hannibal Mo
(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 _____

(Signed) James O'Donnell coroner
(Address) Hannibal Mo

CAUSE OF DEATH... if supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is essential.

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S. 22081