

FILE 24 1031

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

Do not use this space.

24133

1. PLACE OF DEATH

County Audham
Township Ballerwin
City Mexico Mo (No. Audham Hospital)

Registration District No. 26
Primary Registration District No. 3002

File No. _____
Registered No. 94
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Black Hill, Mo 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 16, 1867</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>10</u>	DAYS <u>13</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Blacksmith</u>	
	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 <u>40</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Johns, England</u>		
MOTHER	13. NAME <u>Emmatt Allen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
	15. MAIDEN NAME <u>Sarah Callett</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
	17. INFORMANT (ADDRESS) <u>Walter Allen</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ladonys</u> DATE <u>Aug. 27, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Vreel & Son, Mexico, Mo</u>		
20. FILED <u>Aug. 1st, 1931</u> <u>Ira S. Milligan</u> registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29-31, 19

22. I HEREBY CERTIFY That I attended deceased from June 22, 31, July 27, 31

I last saw him alive on 7-20-31, 19. Death is said to have occurred on the date stated above, at 6:34 a.m.

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

Died of shock following dissection of carcinoma of the descending colon

Other contributory causes of importance Carcinoma of the descending colon

Name of operation Hysterectomy and oophorectomy Date of operation June 17-26-31

What test confirmed diagnosis? _____ 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? no
If so, specify _____
(Signed) Dr. F. T. Curison, M. D.
(Address) Mexico Mo

