

WHITE PLAINITY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

AUG 24 1931

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

Do not use this space.

24191

1. PLACE OF DEATH

County Bollinger
Township Waynes
City Frank Lee Allen (No. 69)

Registration District No. 5-105
Primary Registration District No. 5-105

File No. 16
Registered No. 16
St. Frank Lee Allen Ward 16

2. FULL NAME

(a) Residence, No. Frank Lee Allen St. Frank Lee Allen Ward 16
(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 <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>John W. Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2 1930</u>		
7. AGE YEARS <u>10</u>	MONTHS <u>10</u>	DAYS <u>18</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>None</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>
	10. Date deceased last worked at this occupation (month and year) <u>None</u>
11. Total time (years) spent in this occupation <u>None</u>	

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

13. NAME
John W. Allen

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

15. MAIDEN NAME
Ethel Gay

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

17. INFORMANT (ADDRESS)
John W. Allen

18. BURIAL, CREMATION, OR REMOVAL PLACE
Beatty Cemetery

19. UNDERTAKER (ADDRESS)
Edgar F. Kelly

20. FILED 7-24 1931 A.T. Kirkpatrick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
July 20 1931

22. I HEREBY CERTIFY, That I attended deceased from July 11 1931 to July 20 1931
I last saw him alive on July 19 1931. Death is said to have occurred on the date stated above, at 11:30 m.
The principal cause of death and related causes of importance were as follows:
Diarrhea
Date of onset 11/17/31

Other contributory causes of importance:
11/17/31

Name of operation None Date of None
What test confirmed diagnosis None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) A.T. Kirkpatrick M. D.
(Address) Frank Lee Allen

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