

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 19 1931

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

Do not use this space.
27297

1. PLACE OF DEATH

County Sullivan
Township Buchanan
City (No.)

Registration District No. 148
Primary Registration District No. 4123

File No. 21
Registered No. 47
St. Ward

2. FULL NAME

Benjamin Allen
(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 <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>Margaret Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-22-1854</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>4</u>	DAYS <u>20</u>
If LESS than 1 day, <u> </u> hrs. or <u> </u> min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 1931</u>	
11. Total time (years) spent in this occupation <u> </u>		
12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Richard Allen</u>	
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Ledford</u>	
	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Mrs Benjamin Allen</u> <u>Green City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Westfield</u> DATE <u>7-17</u> 19 <u>31</u>		
19. UNDERTAKER (ADDRESS) <u>Green City Mo</u> <u>W. J. Parsons</u>		
20. FILED <u>7/13</u> 19 <u>31</u> <u>W. J. Parsons</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1931

22. I HEREBY CERTIFY That I attended deceased from July 8, 1931 19 to July 12 1931
last saw him alive on July 12 1931 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular disease of the heart
92A
92A
Other contributory causes of importance:

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? 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
(Signed) W. J. Parsons M. D.
(Address) Green City Mo

Q. 106. (a)