

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.

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

Do not use this space.

33324

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## 1. PLACE OF DEATH

County *Shannon*Registration District No. *825*Township *Montier*Primary Registration District No. *6085*

City (No. )

St. Ward)

## 2. FULL NAME

*Edmer Allen*

(a) Residence, No.

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

*M*

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*Sarah Jane Allen*

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

*Feb. 18, 1862*

7. AGE

YEARS

*69*

MONTHS

*8*

DAYS

*14*

If LESS than 1 day, hrs. or min.

OCCUPATION

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

*Farmer*

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)

*April 1931*

11. Total time (years) spent in this occupation

*57*

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

*Benton Co. Iowa*

MOTHER FATHER

13. NAME

*William Allen*

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

*Ohio*

15. MAIDEN NAME

*Elena Narox*

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

*Ohio*

17. INFORMANT (ADDRESS)

*Mrs. M. Allen  
Montier, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Montier Cem.* DATE *9-15-1931*

19. UNDERTAKER (ADDRESS)

*Silas Nicholson  
Montier Mo*20. FILED *9-15-31, 1931**O. Butcher*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

*Sept 14, 1931*

22. I HEREBY CERTIFY, that I attended deceased from

*June 31, Sept 14, 1931*I last saw him alive on *July 30, 1931* Death is saidto have occurred on the date stated above, at *1030 P. M.*

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

*Myocarditis*

Date of onset

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

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)

*R. J. Davis*

M. D.

(Address) *Burch Tree Mo*

NOV 20 1931

