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

Do not use this space.

33808

File No.

Registered No. 795

1. PLACE OF DEATH
County Cape Girardeau Co. Registration District No. 125
Township Cape Primary Registration District No. 3009
City Cape Girardeau (No. St. Ward) St. Mo. Hospital

2. FULL NAME Elvis W Allen
(a) Residence, No. Burfordville St., Ward. Southeast Hospital
(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.

NOV 28

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Minnie C Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	8	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Burfordville (STATE OR COUNTRY) Mo

FATHER
13. NAME Fred Allen
14. BIRTHPLACE (CITY OR TOWN) Burfordville (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Martha Helderman
16. BIRTHPLACE (CITY OR TOWN) Burfordville (STATE OR COUNTRY) Mo.

17. INFORMANT Coy W. Allen (ADDRESS) Burfordville Mo. RR.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Allen Cem. DATE Oct 12 1931

19. UNDERTAKER Crumpton-Miller (ADDRESS) Jackson Mo.

20. FILED 10/12/31 OC Kampeter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/11 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/11 1931 to 10/11 1931
I last saw h. alive on 10/10 1931 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:
Cholecystitis & Gall stones — Date of onset 6/9/31
Mitral Heart lesion.
Other contributory causes of importance: Leucopenia.

Name of operation Cholecystectomy Date of 10/11/31
What test confirmed diagnosis? Operation 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) O L Seabaugh C....., M. D.
(Address) Cape Girardeau Mo

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.
WRITE PLAIN, WITH UNFADING INK—THIS IS A PERMANENT RECORD