

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

Do not use this space.

34836

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1. PLACE OF DEATH

County Johnson
Township Washington
City Knob Noster, Mo.

Registration District No. 424
Primary Registration District No. 4255

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

2. FULL NAME

Laurence K. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 29 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day. hrs. or min.
60 3 20

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

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) 5 years 11. Total time (years) spent in this occupation. 30

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

13. NAME Spencer Allen

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

15. MAIDEN NAME X

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

17. INFORMANT (ADDRESS) Mrs. L. K. Allen, Knob Noster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Knob Noster, Mo. DATE 10/21 1931

19. UNDERTAKER (ADDRESS) C. L. South, Knob Noster, Mo.

20. FILED Oct 21, 1931 J. A. Koch Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1931, to Oct 19 1931.

I last saw him alive on Oct 19 1931. Death is said to have occurred on the date stated above, at 12 noon m.

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

① Pulmonary T. B.
23 A
23

Date of onset _____

Other contributory causes of importance: _____

Name of operation no op. Date of _____
What test confirmed diagnosis? Koch 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? _____
If so, specify _____

(Signed) J. W. Hoover, M. D.
(Address) Knob Noster, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 22 1931

OCCUPATION

FATHER

MOTHER

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