

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.

JAN 19 1932

Rec. 15

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

Do not use this space.

40122

1. PLACE OF DEATH

County Benton
Township White
City (No.) (No.) St. Ward)

Registration District No. 60
Primary Registration District No. 5095

File No.
Registered No. 20

2. FULL NAME Robert E. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 10 1

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

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

13. NAME D. C. Allen

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

15. MAIDEN NAME Mary Bumpas

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

17. INFORMANT Will Allen
(ADDRESS) Windsor Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor Mo. DATE Dec. 12, 1931

19. UNDERTAKER HUSTON'S FUNERAL CHAPEL
(ADDRESS) Windsor, Missouri

20. FILED Dec. 15 1931 Mrs. Amy K. Rhodes
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec. 10, 1931, to Dec. 10, 1931. I last saw him live on Dec. 10, 1931. Death is said to have occurred on the date stated above, at about 1:30 P.M.. The principal cause of death and related causes of importance were as follows:

Suicide by hanging

165
165

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? 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. In shed at barn near home
Manner of injury Hanged self by rope
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J. A. Blackmore M. D.
(Address) Windsor, Mo.

