

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

Do not use this space.

1. PLACE OF DEATH

21. County Cedar
Township Boonville
City Boonville (No. 4095)

Registration District No. 163
Primary Registration District No. 4095

File No. 4017
Registered No. 10
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 38 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) W.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora G. Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house mover
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) Detroit Michigan

FATHER 13. NAME Orasmus Allen

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

MOTHER 15. MAIDEN NAME Elizabeth Ostrom

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

17. INFORMANT (ADDRESS) Mrs Viola Leonard

18. BURIAL, CREMATION, OR REMOVAL PLACE Cedar Grove DATE Feb. 7 1932

19. UNDERTAKER (ADDRESS) Swim Linder Cedar Grove Mo

20. FILED 2-6 1932 J. W. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932, to Feb 6, 1932
I last saw him alive on Feb 4, 1932. Death is said to have occurred on the date stated above, at 9:40 am.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (Apoplexy)
82A 82B
Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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. Dawson, M. D.
(Address) Cedar Grove Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAR 22 1932

MARGIN RESERVED FOR BINDING

