

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.

APR 28 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5431

1. PLACE OF DEATH

66 County Miller
 Township Franklin
 City _____ (No. _____)

Registration District No. 561
 Primary Registration District No. 5756

File No. _____
 Registered No. 29
 St. _____ Ward _____

2. FULL NAME

(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.

Oscar Allen

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Carr Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 4. 1893</u>		
7. AGE	YEARS	MONTHS
	<u>39</u>	<u>1</u>
		<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Miller Co Mo</u>		
13. NAME <u>John Allen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole Co Mo</u>		
15. MAIDEN NAME <u>Sarah Gier</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co Mo</u>		
17. INFORMANT <u>John Allen</u> (ADDRESS) <u>Bagnell Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lamb Cem</u> DATE <u>2-28</u> 19 <u>32</u>		
19. UNDERTAKER <u>Buried by Relatives</u> (ADDRESS)		
20. FILED <u>2-27</u> 19 <u>32</u> <u>Belle Haynes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 18th 1932 to Feb 27th 1932
 I last saw him alive on Feb 27th 1932 Death is said to have occurred on the date stated above, at 8 A. M.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia
Chronic catarrhal bronchitis
Influenza
 Other contributory causes of importance:
Chronic catarrhal bronchitis
Influenza
 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 _____, 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 ①
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) G. Parrish _____, M. D.
 (Address) Bagnell Mo

