

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

X Do not use this space.

7088

1. PLACE OF DEATH
 103 County Stoddard Registration District No. 840
 Township Duck Creek Primary Registration District No. 6102
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Ralph Allen
 (a) Residence, No. _____ St. _____ Ward _____
 (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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 - 1929

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	2	4	7	

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

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) Stoddard Mo

MOTHER FATHER

13. NAME Arza Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Jana Hickman

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

17. INFORMANT Arthur Hickman (ADDRESS) Payes Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACED Duck Creek DATE Feb 14, 1932

19. UNDERTAKER Hickman White Stone (ADDRESS) Payes Mo

20. FILED Feb 10, 1932 G L Hope Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1932, to Feb 14, 1932
 I last saw him alive on Feb 13, 1932. Death is said to have occurred on the date stated above, at 1 a m.
 The principal cause of death and related causes of importance were as follows:
Cecities of stomach and bowels Date of onset _____

1208/NO

Other contributory causes of importance: no

Name of operation _____ 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. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) E B Johnson, M. D.
 (Address) Payes 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.

APR 30 1932

