

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 5 1932

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

1. PLACE OF DEATH

County Rushaway
Township Dr Joseph Mo
City Howard Allen (No. 5330)

Registration District No. 85
Primary Registration District No. 1001
State Hospital #2.

File No. 7429
Registered No. 227
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 5330 Surfield Ave 7.C. Mo (Howard Eugene Allen.)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 11 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Helen Allen</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct, 17, 1892</u>		
7. AGE <u>39</u>	YEARS <u>4</u>	MONTHS <u>19</u>
		DAYS <u>19</u>
		If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Not Given</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Dry Cleaner & Dyer.</u> (c) Name of employer <u>Self.</u>		

9. BIRTHPLACE (CITY OR TOWN) Mitchell
(STATE OR COUNTRY) So. Dak.

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Alta M. Stearns
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT State Hospital Records
(Address) Dr Joseph Mo

15. MAR 9, 1932
FILED John R. Bender
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 6 1932
17. I HEREBY CERTIFY, That I attended deceased from Apr 2 1931 to Mar 6 1932
that I last saw him alive on Mar 5 1932 and that death occurred, on the date stated above, at 7:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paretic Insure
85

CONTRIBUTORY (SECONDARY) General Paretic (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①

19. IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory Clin
(Signed) Dr Miles M. D.

(Address) Dr Joseph Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Auburn Cemetery DATE OF BURIAL Mar, 9, 1932

20. UNDERTAKER Walter Meinhoff ADDRESS 1302 Aaron St. St. Joseph, Mo.

