

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

Do not use this space.

16952

1. PLACE OF DEATH

74 County Madaway Registration District No. 625
9 Township Primary Registration District No. 3031
7 City Maryville (No.) St. Ward)

2. FULL NAME

(a) Residence No. 209 North Main 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. (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 0 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate Dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 154
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) Cashaf
Jawa?

MOTHER FATHER 13. NAME Michael Allen

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

15. MAIDEN NAME Sarah Newell

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

17. INFORMANT Wm Allen (ADDRESS) Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paulus DATE May 14, 1932

19. UNDERTAKER Cincinnati (ADDRESS) Maryville Mo

20. FILED 5-76 1932 Memo & Hardy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1932, to May 12, 1932

I last saw him alive on May 12, 1932 Death is said to have occurred on the date stated above, at 11:45 p.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Asthuma Date of onset
95B
95B
Other contributory causes of importance: (D)

Name of operation none 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? L Date of injury L, 19

Where did injury occur? L (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. L

Manner of injury L
Nature of injury L

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

If so, specify H. M. Wallis M. D.

(Address) Maryville 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.

JUN 24 1932

