

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 9 4 1932

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

Do not use this space.

17158

1. PLACE OF DEATH
88 County Randolph Registration District No. 735
6 Township Moberly Primary Registration District No. 3034
8 City Moberly (No. Mc Cormick Hospital St. 21 Ward)

2. FULL NAME Rupert M. Allen
(a) Residence, No. 1419 So. 4th St., Ward. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17th 1874

7. AGE YEARS 58 MONTHS 4 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 165 Groceryman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Grocery

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) 2

13. NAME Joshua P. Allen 14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) 9

15. MAIDEN NAME Alice Jones 16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

17. INFORMANT Mrs Bertha Allen (ADDRESS) Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo DATE June 2nd 1932

19. UNDERTAKER Mathew Paul Sen (ADDRESS) Moberly, Mo

20. FILED 6/1/32 Thos S. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st 1932

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1932, to May 30, 1932. I last saw him alive on May 30, 1932. Death is said to have occurred on the date stated above, at 4:15 P. m.

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

Date of onset

apoplexy -
131
82A
131

Other contributory causes of importance:
Chronic nephritis
High B. P. ①

Name of operation Date of

What test confirmed diagnosis? Clin 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) M. R. Voland, M. D.
(Address) Moberly Mo

MAR 18 1942