

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

Do not use this space.

18686

1. PLACE OF DEATH

10 County Boone Registration District No. 73
3 Township Columbia Primary Registration District No. 3006
8 City Columberta (No. _____) St. _____ Ward _____

File No. _____
Registered No. 143

2. FULL NAME

John Allen
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 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) 3-4-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
About 64 3 25

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

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) Calloway County, Missouri

FATHER 13. NAME Richard Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calloway County, Missouri

MOTHER 15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Hellie Allen, Columbia, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Calloway Cemetery, Mo. 7-2-1932

19. UNDERTAKER (ADDRESS) Steph. P. Parker, Columbia, Missouri

20. FILED 7/27 1932 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1932

22. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to June 30, 1932

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 P. M.

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

mitral insufficiency

92 A 97 A

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? X 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 X
Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. G. Davis, M.D.

(Address) Columbia, 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.

MAY 21 1932

