

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

Do not use this space.

22934

File No. 2846
Registered No. 2846
St. _____ Ward _____

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kear Primary Registration District No. 1007
City Rock Hill Mo (No. 2615 6 24) 1st

2. FULL NAME

Sam Sims Allen
(a) Residence, No. 2615 E 24th St. 11 Ward _____
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 1880
7. AGE YEARS 52 MONTHS 2 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. coal
10. Date deceased last worked at this occupation (month and year) May 1931 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Hill Mo.

13. NAME William H. Allen

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

15. MAIDEN NAME Asa Simms

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

17. INFORMANT (ADDRESS) Dr C. May 2615 E 24th

18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Hill Mo DATE undetermined

19. UNDERTAKER (ADDRESS) R. W. McConnell Sumner Mo

20. FILED July 21 1932 M. M. Croone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1932, to July 20, 1932
I last saw him alive on July 20, 1932 Death is said to have occurred on the date stated above, at 5:15 P. m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
94A 94W
Other contributory causes of importance: ①

Name of operation none Date of _____
What test confirmed diagnosis? none 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) B. Frank Watson, M. D.
(Address) 1120 Riatts Bldg Rich Hill 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.

