

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.

SEP 22 1932

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

Do not use this space.

25814

1. PLACE OF DEATH
32 County St. Louis Registration District No. 4161
5 Township St. Louis Primary Registration District No. 262
1 City St. Louis (No. 1) St. St. Louis Ward St. Louis

2. FULL NAME George M. Allen
(a) Residence, No. 7 St. St. Louis Ward St. Louis
(Usual place of abode)
Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OF RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Aldora Alley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 11 1853
7. AGE YEARS 77 MONTHS 4 DAYS 20 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. farming
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 35
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Iowa
13. NAME James Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio
15. MAIDEN NAME Phoda Carpenter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) St. Louis
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Aug. 3 1932
19. UNDERTAKER (ADDRESS) H. D. Wilson
20. FILED Aug 2 1932 E. J. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1. 1932
22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1932 to Aug 1 1932
I last saw him alive on Aug 8 1932 Death is said to have occurred on the date stated above, at 8:20 P.M.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris
Date of onset Aug 32
Other contributory causes of importance:
Name of operation 1 Date of 1
What test confirmed diagnosis? 1 Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 1 Date of injury 1932
Where did injury occur? 1 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 1
Nature of injury 1
24. Was disease or injury in any way related to occupation of deceased?
If so, specify 1
(Signed) E. J. Reynolds M. D.
(Address) St. Louis

