

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

Do not use this space. 57

31318

1. PLACE OF DEATH

County Andrew,

Registration District No. 13

Township Savannah,

Primary Registration District No. 4070

City Savannah, (No. Pearl)

File No. 48

Registered No. 48

St. Pearl Ward

2. FULL NAME John Allen,

(a) Residence. No. Pearl, St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 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,
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Allen,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan'y. 8, 1843

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	89	9	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer,
 (b) General nature of industry, business, or establishment in which employed (or employer) Farming,
 (c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN) Centerville,
 (STATE OR COUNTRY) Ohio,

10. NAME OF FATHER Henry Allen,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Ohio,

12. MAIDEN NAME OF MOTHER Louisa Hardesty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
 (STATE OR COUNTRY) Unknown, 31

14. INFORMANT Mrs John Allen
 (Address) Savannah, Mo.

15. FILED Oct 20 32 C. A. Jeffers
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1932, to Oct 18, 1932, that I last saw him alive on Oct 18, 1932, and that death occurred, on the date stated above, at 10:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
92C
16 & 93C
 (duration) 7 yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Senility
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Don't know

DID AN OPERATION PRECEDE DEATH? No DATE OF 1

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
 (Signed) A. E. Mathews, M. D.
10 . 1932 (Address) Savannah, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Savannah, Mo. DATE OF BURIAL Oct. 20, 19 32

20. UNDERTAKER Frank A. Bowman ADDRESS Savannah, 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.

WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD

