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.

NOV 2 8 1932

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

Do not use this space.

32047
694

1. PLACE OF DEATH

41 County Harrison — Registration District No. 334 — File No.

1 Township — Primary Registration District No. 4197 — Registered No.

6 City Bethany (No. ..... St. ..... Ward)

2. FULL NAME William J. Allen

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-5-1863

7. AGE: YEARS 68 — MONTHS 11 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 24
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) Bethany Mo 1

FATHER

13. NAME Stephen C. Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn 2

MOTHER

15. MAIDEN NAME Mary A Gore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 31

17. INFORMANT (ADDRESS) Mrs Mary Moore Bethany Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Mo DATE 10/28 1932

19. UNDERTAKER (ADDRESS) Frank Kramer Bethany Mo

20. FILED 11/10 1932 W J Harner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1932 to Oct 26, 1932
I last saw ~~him~~ alive on Oct 26, 1932. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

Cebral Apoplexy 82h

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No
If so, specify .....
(Signed) W J Varned, M. D.
(Address) Bethany