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

Do not use this space.
35250

1933
31
7
1

1. PLACE OF DEATH
County: Daviess — Registration District No.: 255
Township: — Primary Registration District No.: 4155
City: Winston (No. ..., ... St. ... Ward)
File No.: — Registered No.: 15

2. FULL NAME: Minor Allen

(a) Residence, No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident, give city or town and State)
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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bell Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6 1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
	87	5	19	

OCCUPATION
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.
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): Ky 2

FATHER
13. NAME: John Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Dont know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont know 31

17. INFORMANT (ADDRESS): Minor Allen Jr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Altavista Cem DATE: 11/23, 1932

19. UNDERTAKER (ADDRESS): H. E. Strauss, Winston Mo

20. FILED 11/21, 1932 D. McClure Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1932, to Nov 20, 1932

I last saw him alive on Nov 20, 1932. Death is said to have occurred on the date stated above, at 9 p.m.

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

	Date of onset
Pneumonia (Bronchial)	Nov 10, 1932
93 P.O.	
171	
11	

Other contributory causes of importance:
myocarditis — senility

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) Fred K Wilson, M. D.
(Address) Winston, 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.