

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

Do not use this space.

38155³

1. PLACE OF DEATH

County Wayne
Township St. Francis
City St. Francis (No. 1000)

Registration District No. 590
Primary Registration District No. 40-34

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

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>NOV. 11-1926</u>		
7. AGE <u>6</u>	YEARS <u>0</u>	MONTHS <u>0</u>
		DAYS <u>0</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>		
10. Date deceased last worked at this occupation (month and year) <u>✓</u>		
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) <u>Wayne Co. Mo</u> (STATE OR COUNTRY)		
13. NAME <u>Marion H. Allen</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Wayne Co. Mo</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Eleanor E. Eachs</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Wayne Co. Mo</u> (STATE OR COUNTRY)		
17. INFORMANT <u>R. Allen</u> (ADDRESS) <u>St. Louis, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bonards Creek</u> DATE <u>Nov. 6</u> 19 <u>32</u>		
19. UNDERTAKER <u>✓</u> (ADDRESS) _____		
20. FILED <u>NOV 6</u> 19 <u>32</u> <u>A. S. Templeton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-28 1932 to 11-6 1932
I last saw him alive on 11-5 1932 Death is said to have occurred on the date stated above, at 2 a. m.
The principal cause of death and related causes of importance were as follows:
Pneumonia
10 10
Date of onset 10-27/32

Other contributory causes of importance: _____

Name of operation 8 0 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? _____
If so, specify _____
(Signed) O. J. Myers M. D.
(Address) Greenville, 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.

SEP 26 1933

