

Dr. Rowell

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

Do not use this space.

MAR 2 1933

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Marion Primary Registration District No. 3079
City Hannibal (No. 1410 Paris Ave) St. 1 Ward

File No. 37813
Registered No. _____
St. 1 Ward

2. FULL NAME

George Wheeler Allen
(a) Residence, No. 1410 Paris Ave - St. 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 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 Bertha Tippley Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24 - 1853

7. AGE YEARS 79 MONTHS 10 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 107

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) Dayles Ill

13. NAME John Wesley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Lavinia Callahan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co Ill

17. INFORMANT William Allen (ADDRESS) Hannibal Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cemetery DATE Jan 17 1933

19. UNDERTAKER Ray P. Gehring (ADDRESS) Hannibal Mo.

20. FILED Jan 17 1933 W. C. Adams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 - 1933

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1933, to July 15, 1933
I last saw him live on July 15, 1933. Death is said to have occurred on the date stated above, at 7:13 P.M.
The principal cause of death and related causes of importance were as follows:

Branchial
Pericardium
107 W

Date of onset July 15 1933

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?
If so, specify Dr. Rowell
(Signed) Hannibal Mo. M. D.
(Address) _____

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.

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