

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

Do not use this space.

**1. PLACE OF DEATH**

County Pettus

Registration District No. 718

File No. 2778

Township \_\_\_\_\_

Primary Registration District No. 6430

Registered No. H

City Unionville (No. \_\_\_\_\_)

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME** Cash M. Allee

(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

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Jessie Allee

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

July 6 - 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hra. or .....min.

49 6 27

OCCUPATION

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

operator of type setting machine

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Printing office

10. Date deceased last worked at this occupation (month and year)

December 1932

11. Total time (years) spent in this occupation

15 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Linnville Iowa

MOTHER FATHER

13. NAME

E. W. Allee

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

Knightstown Indiana

15. MAIDEN NAME

Florence Linnville

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Linnville Iowa

17. INFORMANT (ADDRESS)

Claud Allee Unionville mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Unionville DATE Jan 11 1933

19. UNDERTAKER (ADDRESS)

Cornetts Store Co Unionville mo

20. FILED

Jan 10 1933 J. W. Johnson Registrar

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1933

22. I HEREBY CERTIFY, That I attended deceased from

Dec 6 1932, to Jan 8 1933

I last saw him alive on Jan 8 1933. Death is said

to have occurred on the date stated above, at 12:20 PM

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

Cardiac dilatation following attack of influenza

Date of onset

Dec 6, 1932

Other contributory causes of importance:

Chronic mitral lesion several years duration

Name of operation none

Date of \_\_\_\_\_

What test confirmed diagnosis Physiologist Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no 1933

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. W. Gilliam D.O. M.D.

(Address) Unionville, mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation.

