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

Do not use this space.

10043

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.

APR 24 1933

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1. PLACE OF DEATH

County Jefferson

Township Joachim

City ~~Herculaneum~~ (No. ...., ... St. .... Ward)

Registration District No. 421

Primary Registration District No. 5575

File No. ....

Registered No. 36

2. FULL NAME Ewell Jackson 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 10 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 Josie Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 20., 1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
69	7	11	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Feb., 1933

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) Doe Run (STATE OR COUNTRY) Missouri

FATHER

13. NAME Christ Allen

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT F. M. Allen (ADDRESS) Herculaneum Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Festus Mo. DATE 4/3/33, 19

19. UNDERTAKER Duester and Vinyard (ADDRESS) Festus Missouri

20. FILED 4/1, 1933 J. E. Rutledge Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 25, 1933, to March 31, 1933

I last saw him alive on March 31, 1933. Death is said to have occurred on the date stated above, at ....m.

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

Lobar Pneumonia

108

Date of onset

Other contributory causes of importance:

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?........

If so, specify........

(Signed) Dr. O. E. Hensley, M. D.

(Address) Herculaneum Mo.