

MARGIN RESERVED FOR BINDING

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.

JUN 22 1934

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

Do not use this space.

1. PLACE OF DEATH  
 County Dunklin Registration District No. 289  
 Township Cotton Hill Primary Registration District No. 5407  
 City \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jerold George Allen  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 yrs. 21 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If nonresident, give city or town and State)

File No. 16178

Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>1</u>	<u>2*</u>	<u>21</u>	

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) Camphell (STATE OR COUNTRY) \_\_\_\_\_

13. NAME John Lake Allen

14. BIRTHPLACE (CITY OR TOWN) Union Township (STATE OR COUNTRY) Mo

15. MAIDEN NAME John Elma Mae Patterson

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT John Allen (ADDRESS) Dunklin Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Travis Cemetery DATE 5/19 1933

19. UNDERTAKER Samuel (ADDRESS) —

20. FILED 5/18 1933 Homes Bene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18, 1933

22. HEREBY CERTIFY, That I attended deceased from May 15 1933 to May 18 1933  
 I last saw him alive on May 18, 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:  
Meningitis Tubercular  
onset about 4 weeks ago  
24A  
24  
 Other contributory causes of importance: \_\_\_\_\_

Name of operation no 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. Edgar C. Calkins M.D.  
 (Address) Malden

