

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County DentTownship SpringcreekCity (No.)Registration District No. 266Primary Registration District No. 5370File No. 29215Registered No. 52St. (No.) Ward (No.)

2. FULL NAME

L. Jeff Allen(a) Residence, No. (Usual place of abode)St. (No.)Ward. (No.)

(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

Lena Biefer

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

Mar. 25 1865

7. AGE

68

YEARS

MONTHS 5DAYS 15

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Laborer

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)

KinmundyIll

FATHER

13. NAME

Miles Allen

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

KinmundyIll

MOTHER

15. MAIDEN NAME

Sarah Jane Blurton

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

17. INFORMANT (ADDRESS)

Jake AllenSalem Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gibbs CemDATE 9/10/33

19. UNDERTAKER (ADDRESS)

Carl K SpencerSalem Mo

20. FILED

9/111933H. C. Rusk, Jr., M.D.

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/10 193322. I HEREBY CERTIFY, That I attended deceased from Sep-6-1933 to Sep-10-1933I last saw him alive on Sep 10, 1933. Death is saidto have occurred on the date stated above, at 5:45 A, M

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

Myocarditis acute Date of onset 1933

Other contributory causes of importance

Name of operation 248Date of 2What test confirmed diagnosis? Stula. Syph. Was there an autopsy?

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

Accident, suicide, or homicide? 220 Date of injury 5, 1933

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 2Nature of injury 2

24. Was disease or injury in any way related to occupation of deceased?

If so, specify 248(Signed) St. J. Dillard

M. D.

(Address) Salem Mo

