

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.

OCT 20 1933

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

Do not use this space.

30091

1. PLACE OF DEATH

53 County Laclede
Township Gasconade
City _____ (No. _____, St. _____ Ward _____)

Registration District No. 453
Primary Registration District No. 5619

File No. _____
Registered No. 7

2. FULL NAME

Olis. E. Allen
(a) Residence, No. _____, St. _____, Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 6 1910</u>			
7. AGE <u>23</u>	YEARS <u>4</u>	MONTHS <u>6</u>	DAYS <u>6</u>
If LESS than 1 day, _____ hrs. or _____ min.			
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>			
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home</u>			
10. Date deceased last worked at this occupation (month and year) <u>Sept. 1933</u>			
11. Total time (years) spent in this occupation <u>5</u>			

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

13. NAME E. P. Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

15. MAIDEN NAME Vebe E. Thraalkill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

17. INFORMANT Francis Allen
(ADDRESS) Vebe Mo

18. BURIAL, CREMATION, OR REMOVAL
Roller Cemetery DATE Sept 14 1933

19. UNDERTAKER Hofman & Stewart
(ADDRESS) Lebanon Mo

20. FILED Sept 13 1933 E. R. Nelson
Registrar.

(2) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 12 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1933, to Sept 12, 1933.
I last saw him alive on Sept. 12, 1933. Death is said to have occurred on the date stated above, at 7:30 P.m.
The principal cause of death and related causes of importance were as follows:

Pneumothorax complication
Solomon Pneumonia

Other contributory causes of importance:

23. Name of operation _____ Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

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? no
If so, specify _____

(Signed) W. G. Hamilton, M. D.
(Address) Lebanon, Mo

