

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

Do not use this space.

35677

JAN 3 1934

1. PLACE OF DEATH  
10 County Boone  
Township Salloyville  
City Salloyville (No. ....)

Registration District No. 74  
Primary Registration District No. 4042

File No. ....  
Registered No. 12 St. .... Ward)

1/2. FULL NAME John Arthur 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 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
24 4 21

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

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) Greenville, Mo.

13. NAME James Monroe Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Bearb Ryle

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. Dessie Baumgartner

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Emp DATE 11-26

19. UNDERTAKER (ADDRESS) Parker Furniture Co.

20. FILED 11-28-33 Mrs. F. L. Fauver Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1933

22. I, HEREBY CERTIFY, That I attended deceased from Sept 15, 1933, to Nov. 23, 1933

I last saw him alive on Nov. 6, 1933. Death is said to have occurred on the date stated above, at 9:30 P.M.

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

Carcinoma of lung  
47K

Other contributory causes of importance:

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? No

If so, specify (Signed) E. S. Baskett M. D.  
(Address) Columbia Mo.

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.

4/27/77