

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

Do not use this space.

40876-A

**PLACE OF DEATH**

County Nodaway  
Township Nodaway  
City Burlington Jct. (No. ....)

Registration District No. 618  
Primary Registration District No. 4369

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

**2. FULL NAME** Floyd Billy 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>NOV 26, 1932</u>		
7. AGE	YEARS <u>1</u>	MONTHS <u>0</u>
	DAYS <u>25</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>
	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) Emerson (STATE OR COUNTRY) Iowa

13. NAME Robert Allen

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

15. MAIDEN NAME Verna Timmons

16. BIRTHPLACE (CITY OR TOWN) Mt Vernon (STATE OR COUNTRY) Illinois

17. INFORMANT Robert Allen (ADDRESS) Burlington Jct. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ohio Cemetery DATE Dec 23/33 19

19. UNDERTAKER J. R. Hann (ADDRESS) Burlington Jct. Mo

20. FILED 1/31 19 34 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from 12/18, 1933, to 12/21, 1933  
I last saw him alive on 12/21, 1933. Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute interstrial nephritis (Date of onset) 12/14/33  
Malnutrition  
11913  
158  
Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) B. H. Beard, M. D.  
(Address) Burlington Jct. Mo.

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.

FEB 27 1934

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