

EB 27 1914

McPHEETERS

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

Do not use this space.

338

1. PLACE OF DEATH

12 County Butler
3 Township Poplar Bluff
7 City Poplar Bluff, Mo. (No., Ward)

Registration District No. 89
Primary Registration District No. 3007

File No.
Registered No. 20 St. Ward)

2. FULL NAME Ben Allen

(a) Residence, No. Neelyville, Mo. 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>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lula Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 2, 1880</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>4</u>
	DAYS <u>28</u>	If LESS than 1 day, hrs. or min.

OCCUPATION

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. farmer

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Clay Co.
(STATE OR COUNTRY) Arkansas

MOTHER

13. NAME George Allen

14. BIRTHPLACE (CITY OR TOWN) Clay Co.
(STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Unknown

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

17. INFORMANT Everett Allen, son
(ADDRESS) Neelyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Neelyville, Mo. DATE Jan. 31, 1934

19. UNDERTAKER Geo. Greer Undt. Co.
(ADDRESS) Poplar Bluff, Mo.

20. FILED 1-31-1934 W. S. Bailey
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1934

22. I HEREBY CERTIFY That I attended deceased from Jan 23 1934, to Jan 30, 1934.
I last saw h. alive on Jan 30, 1934. Death is said to have occurred on the date stated above, at 11:30 a. m.
The principal cause of death and related causes of importance were as follows:

Bacillary Dysentery

Other contributory causes of importance: 155 / 20 13

Name of operation none 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) W. S. Bailey, M. D.
(Address) Poplar Bluff, Mo.

PLAIN 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.

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