FEB 27 1934

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

Do not use this space.
2213

1. PLACE OF DEATH
County Pulaski Registration District No. 714
Township 33 Primary Registration District No. 5943
City Palace (No. ..... St. ..... Ward)
File No. 3
Registered No. 1

2. FULL NAME Densil S. Allen
(a) Residence, No. RR #3 Ava, Missouri. 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 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8, 1910

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	~~22~~ 23	3	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. C. C. camp
10. Date deceased last worked at this occupation (month and year) March, 1934
11. Total time (years) spent in this occupation 7/12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RR3, Ava, Missouri

FATHER
13. NAME Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Dr. L. M. Friedman 1st Lt.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ava Mo. DATE 1-9- 1934

19. UNDERTAKER (ADDRESS) T. L. Hooper Sons Crocker Mo.

20. FILED 1-11- 1934 S. D. Koonce
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/7/34, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to January 7, 1934
I last saw h. 1m alive on January 5, 1934 Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Basilar fracture of skull	
210	
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? accident Date of injury 1-7, 1934
Where did injury occur? Pulaski Co., Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in public place (Highway)
Manner of injury Automobile accident
Nature of injury Basilar fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify .....
(Signed) L. M. Friedman, 1st Lt., M. D.
(Address) 737th Co. C. C. C. Palace, Mo.

This automobile went into the ditch.
In attempting to regain the highway the driver
turned too sharp causing the car to turn comple
over and crushing this man's head,

S. G. Prouse
L. R.