

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.

APR 25 1934

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

Do not use this space.

11604

1. PLACE OF DEATH

County Shelby Registration District No. 1026
Township Lower Fork Primary Registration District No. 6088
City Embuden Mo. (No. _____) St. _____ Ward _____

File No. _____
Registered No. 2

2. FULL NAME

William Straud Allen

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 15 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>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>Nettie Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19 - 1851</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>3</u>
	DAYS <u>1</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>retired farmer</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1934

22. I HEREBY CERTIFY That I attended deceased from March 16, 1934 to March 20, 1934
I last saw him alive on March 16, 1934 Death is said to have occurred on the date stated above, at 4:25 a.m.

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

Cerebral hemorrhage (apoplexy)
Date of onset March 16
Other contributory causes of importance: GRA

Name of operation None Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? None 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) H. E. Lippert, M. D.
(Address) Shelbyville Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Philadelphia Mo</u>
	13. NAME <u>Erasmus Allen</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Philadelphia Mo</u>
	15. MAIDEN NAME <u>Elvira Tupton</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Philadelphia Mo</u>
17. INFORMANT <u>Mrs Paul Dowlin Jr</u> (ADDRESS) <u>Philadelphia Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bethany</u> DATE <u>Mar. 21, 1934</u>	
19. UNDERTAKER <u>B. M. Allen</u> (ADDRESS) <u>Philadelphia Mo</u>	
20. FILED <u>Apr 1 1934</u> <u>Mrs. L. L. Smith</u> Registrar.	

