

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

Do not use this space.

19430

21

1. PLACE OF DEATH

County Bates
Township East Boone
City Neat Boone (No. _____)

Registration District No. 47
Primary Registration District No. 5081

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elvira Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 10 - 1867</u>		
7. AGE <u>67</u>	YEARS <u>3</u>	MONTHS <u>17</u>
		DAYS <u>17</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>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

12. BIRTHPLACE (CITY OR TOWN) Lane Fork
(STATE OR COUNTRY) Mo.

13. NAME Paul Harmon
14. BIRTHPLACE (CITY OR TOWN) Neat Boone
(STATE OR COUNTRY)

15. MAIDEN NAME Mary Walker
16. BIRTHPLACE (CITY OR TOWN) Neat Boone
(STATE OR COUNTRY)

17. INFORMANT H. L. Allen
(ADDRESS) Adrian Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Breast Hill DATE 4/28 34

19. UNDERTAKER Leath and Siff
(ADDRESS) Adrian

20. FILED 7/10 1934 leftist deputy
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1934

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1934 to _____, 19____

I last saw him alive on June 26, 1934 Death is said to have occurred on the date stated above, at 6:30 AM.
The principal cause of death and related causes of importance were as follows:

Peritonitis following ruptured appendix

Other contributory causes of importance 121A
15.1

Name of operation No 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? _____

If so, specify _____

(Signed) E. E. Robinson, M. D.

(Address) Adrian, 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.

