

WRITE PLAINLY, 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.

AUG 16 1934

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

Do not use this space.

1. PLACE OF DEATH

County Mason
Township Mason
City Mason (No.)

Registration District No. 533
Primary Registration District No. 3027

File No. 21116
Registered No. 67
St. Ward)

2. FULL NAME

Charles Allen

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

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Sarah C. Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 18 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 82
10. Date deceased last worked at this occupation (month and year) 12 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shoals Ind

13. NAME Andrew Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

15. MAIDEN NAME Mrs. Norman

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

17. INFORMANT Mrs. Sarah C. Allen (ADDRESS) Clarksville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE July 3, 1934
Washington Ind.

19. UNDERTAKER H. H. ... (ADDRESS) Clarksville Mo

20. FILED Aug 9 1934 Kanelson Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from June 10, 1934, to June 30, 1934

I last saw him alive on June 30, 1934 Death is said to have occurred on the date stated above, at m.

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

Cerebral hemorrhage apoplexy Cholelithiasis
with Cholecystectomy
Date of onset 6-28-34

Name of operation Cholecystectomy Date of 6-27-34
What test confirmed diagnosis? Clinical 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 P. P. ...
(Signed) P. P. ... M. D.
(Address) Mason Mo

June 30

³24 - 6 - 30

70 - 10 - 18

63 - 8 - 12

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