

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.

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

Do not use this space.

21463

1. PLACE OF DEATH

County Pettis
Township Longwood
City Longwood (No. Longwood)

Registration District No. 668
Primary Registration District No. 5-898

File No. 289
Registered No. 668 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 56 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>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 4-1847</u>		
7. AGE <u>87</u>	YEARS <u>1</u>	MONTHS <u>16</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>at home</u>
10. Date deceased last worked at this occupation (month and year) <u>May 1934</u>		11. Total time (years) spent in this occupation <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co Mo</u>		
13. NAME <u>David Allen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Charles Allen</u> <u>Longwood Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Colarado Springs</u> DATE <u>June 22, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>W. L. W. W. W.</u> <u>Houston Mo</u>		
20. FILED <u>6-21-</u> 19 <u>34</u> <u>Jan Slack</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from June 20, 1934 to June 20, 1934.
I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 P.
The principal cause of death and related causes of importance were as follows:
myocarditis
930 568 9341
Other contributory causes of importance:
Phlebotomy

Name of 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) W. L. W. W. W. M. D.
(Address) Colarado Springs

80
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