

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

Do not use this space.

24277

1. PLACE OF DEATH

45 County Howard Registration District No. 376 File No. _____
 1 Township _____ Primary Registration District No. 4220 Registered No. _____
 3 City Arreston (No. _____) St. _____ Ward _____

2. FULL NAME

Thorneo Allen
 (a) Residence, No. Arreston Mo St. _____ Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. 7 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 27-1913
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 20 7 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) April 1934 11. Total time (years) spent in this occupation 6 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monstana Co Mo

13. NAME Thorneo Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arreston Mo

15. MAIDEN NAME Rozzie Yancy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arreston Mo

17. INFORMANT (ADDRESS) Mr. Rozzie Singleton Arreston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Howard DATE 7-10-34

19. UNDERTAKER (ADDRESS) W. M. Decker Arreston Mo

20. FILED 7/9 1934 W. M. Decker Registrar.

MEDICAL CERTIFICATE OF DEATH

1
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1934
 22. I HEREBY CERTIFY that I attended deceased from June 21 1934 to July 8 1934
 I last saw him alive on July 5 1934 Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Pulmonary tuberculosis
13 H
 Date of onset 1931
 Other contributory causes of importance: 33

Name of operation _____ Date of _____
 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? No
 If so, specify _____
 (Signed) W. M. Decker, M. D.
 (Address) Arreston 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.

AUG 13 1934

