

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.

25984

1. PLACE OF BIRTH

County Polk Co.Registration District No. 713Township CullenPrimary Registration District No. 3942City (No.)File No. Registered No. St. Ward

2. FULL NAME

JIMMY DALE ALLEE(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

M

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 24th 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 2 hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Infant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

Polk Co. Mo.

FATHER

13. NAME

John A. Allee

MOTHER

15. MAIDEN NAME

Goldie May Colvin

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

Mo.

17. INFORMANT (ADDRESS)

J. D. Allee

18. BURIAL, CREMATION, OR REMOVAL

PLACE Buried inDATE 7/241934

19. UNDERTAKER (ADDRESS)

None20. FILED 7/241934C. A. Talbot

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 24 1934

22. I HEREBY CERTIFY That I attended deceased from

July 24 1934, to July 24 1934I last saw him alive on July 24 1934. Death is saidto have occurred on the date stated above, at 11 A. m.

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

Premature birth
(6 months)

Date of onset

Other contributory causes of importance:

Name of operation Date of What test confirmed diagnosis? Was there an autopsy?

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) C. A. Talbot

M. D.

(Address) Waynesville

