

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 PolaskiRegistration District No. 716File No. 25987Township JawierPrimary Registration District No. 5945Registered No. 12City Anderson (No. Anderson)St. Mo Ward Anderson2. FULL NAME Anderson Allen(a) Residence, No. Anderson St. Anderson Ward Anderson

(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR WIFE) Elizabeth Allen6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 18627. AGE YEARS 72 MONTHS 1 DAYS 30 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) 12th July 11. Total time (years) spent in this occupation life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Porty Allen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark15. MAIDEN NAME Maliza Heath16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark17. INFORMANT (ADDRESS) Robert H. Allen18. BURIAL, CREMATION, OR REMOVAL PLACE Reynolds Hill DATE 7/24 193419. UNDERTAKER (ADDRESS) Frank20. FILED July 26 1934 Registrar McGee

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 193422. I HEREBY CERTIFY that I attended deceased from July 14 1934 to July 23 1934last saw him alive on July 23 1934 Death is saidto have occurred on the date stated above, at 71 P m.

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

Cerebral hemorrhage Date of onset 7/17/34

Other contributory causes of importance:

8221Name of operation None Date of NoneWhat test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury None 1934Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? yesIf so, specify Soft to hard(Signed) Maliza Heath M. D.(Address) Cracker Mo

