

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.

33535

20

1. PLACE OF DEATH

County Missouri
Township Portage
City Portageville

Registration District No. 607
Primary Registration District No. 4361

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Portageville, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mattie Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-7-1870</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>3</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		11. Total time (years) spent in this occupation
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)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	13. NAME <u>John Allen</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	15. MAIDEN NAME <u>Mary McChap</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	17. INFORMANT (ADDRESS) <u>Mattie Allen</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Portageville</u> <u>9/15</u> 19 <u>14</u>	
19. UNDERTAKER (ADDRESS) <u>Portageville</u> <u>4361</u>	
20. FILED <u>12/2</u> 19 <u>14</u> <u>Onlook</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/14 19 34
22. I HEREBY CERTIFY, That I attended deceased from 9/10 1934, to 9/13 1934.
I last saw him alive on 9/13 1934. Death is said to have occurred on the date stated above, at 8 a. m.

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

Myocarditis
930
930
Other contributory causes of importance:
Arterio Sclerosis
Date of onset

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) J. H. Kern M. D.
(Address) Portageville, Mo.

