

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.

34902

97
JUL 22 1934

1. PLACE OF DEATH

County Saline
Township Cambridge
City (No. _____) _____

749
Registration District No. _____
Primary Registration District No. 60378

File No. _____
Registered No. 40
St. _____ Ward _____

2. FULL NAME

George Washington Allen
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>aug-12-1847</u>		
7. AGE	YEARS	MONTHS
	<u>87</u>	<u>1</u>
		DAYS
		<u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>123</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation <u>135E</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
FATHER	13. NAME <u>Geo. W. Allen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Eliza Sales</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Miss Lula Saper</u> (ADDRESS) <u>Saline mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Saline mo.</u> DATE <u>Sept, 16-1934</u>		
19. UNDERTAKER <u>Young & Saez</u> (ADDRESS) <u>Saline mo.</u>		
20. FILED <u>Sept 15 1934</u> <u>W. M. Tittle</u> Registrar		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-14-1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14, 1934, to Sept 14, 1934
I last saw him alive on Sept 14, 1934 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
acute attack of diarrhea
Sept 13 + 14
120 lb
Other contributory causes of importance: Chronic
Stomach & Bowel trouble
for 30 yrs
and general debility
Name of operation 71 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? no
If so, specify _____
(Signed) R. H. Quercus, M. D.
(Address) Saline

