

OCT 12 1934

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

Do not use this space.

38296

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township _____ Primary Registration District No. 3039
City Nevada (No. _____) St. _____ Ward _____

File No. _____

Registered No. 1992. FULL NAME John Thomas Allen

(a) Residence, No. 329 North Cedar 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (or) WIFE OF Carrie Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 th, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
61 6 22

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

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.13. NAME Taylor Allen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Missouri15. MAIDEN NAME Williams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Litchfield, Ill17. INFORMANT Mrs. Carrie Allen
(ADDRESS) Nevada, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Salem Cemetery DATE Oct. 4, 193419. UNDERTAKER Eichinger Funeral Home
(ADDRESS) Nevada, Mo.20. FILED Oct. 3, 1934 M. Eichinger
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 193422. I HEREBY CERTIFY, That I attended deceased from 10-2, 1934, to 10-2, 1934I last saw him alive on 10-2, 1934. Death is said

to have occurred on the date stated above, at _____ m.

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

Basal Skull fracture
Multiple fractures ribs
BT & perforation lungs
(result of fall from ladder)

Date of onset
3 hrs

Other contributory causes of importance:

none

Name of operation none 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? Accident Date of injury 10-2, 1934Where did injury occur? Nevada Mo. 302 Walnut
(Specify city or town, county, and State)

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

Industry (preparing roof)Manner of injury fell off ladderNature of injury Severe head trauma24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify just before working(Signed) W. H. Meyer, M. D.(Address) Nevada

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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