

DEC 19 1934

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

Do not use this space.

40308

1. PLACE OF DEATH

County PettisRegistration District No. 668File No. 376Township PeoriaPrimary Registration District No. 5890Registered No. 668

City No. _____

St. _____ Ward _____

2. FULL NAME

Joe Allison Allen
(a) Residence, No. Green Ridge R.R. St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
13 0 0

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

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) Aldorado Springs Mo

13. NAME Lawrence Paul Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aldorado Springs Mo

15. MAIDEN NAME Bladys Inone Summy

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

17. INFORMANT (ADDRESS) Lawrence Paul Allen Green Ridge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Ridge DATE 11/11

19. UNDERTAKER (ADDRESS) Loi Reamy Green Ridge Mo

20. FILED 11-10-1934 Joan Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 3, 1934, to Nov 8, 1934

I last saw him alive on Nov 8, 1934. Death is said

to have occurred on the date stated above, at 2:30 P.M.

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

Blood stream infection from cerebral abscess, cerebral abscess drug fever, meningitis.

Other contributory causes of importance: meningitis, septicaemia

Name of operation open abscess Date of Nov 3, 1934

What test confirmed diagnosis? culture 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 _____, 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) Robert A. ..., M. D.

(Address) Peoria Mo

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.

