

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

Do not use this space.

JAN 14 1935

1. PLACE OF DEATH

County Rally
Township Jasper
City (No. _____) _____

Registration District No. 912
Primary Registration District No. 5960B

File No. 44088
Registered No. 44
St. _____ Ward _____

2. FULL NAME Sherrin W Allen

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 0 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|---|---|
| 3. SEX <u>M</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>Sadie Allen</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-4-1875</u> | | |
| 7. AGE | YEARS <u>59</u> | MONTHS <u>8</u> |
| | DAYS <u>7</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. | |
| | 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation <u>the</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wardsboro Vt.</u> | | |
| FATHER | 13. NAME <u>Theodore Allen</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rutland Vermont</u> | |
| MOTHER | 15. MAIDEN NAME <u>May E Allen</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rutland Vermont</u> | |
| 17. INFORMANT (ADDRESS) <u>Lyla E Farrell Vandalia Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmer Wb</u> DATE <u>12-16-34</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Wm Waters Vandalia Mo</u> | | |
| 20. FILED <u>121</u> 19 <u>34</u> <u>Mollie Fugate</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-11-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1934, to Dec 11, 1934.
I last saw him alive on June 26, 1934 Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:
Tuberculosis of Bone of Femur of 10 or 12 yrs duration
Date of onset _____
Other contributory causes of importance: _____

Name of operation Incision and drainage Date of 1934
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) D. G. Matthews, M. D.
(Address) Vandalia, 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.

