

FEB 18 1935

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

Do not use this space.

111

1. PLACE OF DEATH

County Dallas  
Township Warner  
City Nelson (No.       )

Registration District No. 48  
Primary Registration District No. 4028

File No.         
Registered No.        St.        Ward       

2. FULL NAME

(a) Residence, No. Nelson 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 m  
4. COLOR OR RACE w  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF         
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 17, 1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
72 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired farmer  
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) Ohio

13. NAME Am. Allman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Lessa Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Frederick Allman  
(ADDRESS) Monrovia, Tenn

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Hill DATE Feb 1

19. UNDERTAKER Carlson  
(ADDRESS) Betha, Mo.

20. FILED Feb 1, 1935 - Muscat Hall  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1935

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1935, to Jan 30, 1935.  
I last saw him alive on Jan 30, 1935. 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:

Other contributory causes of importance: Angina Pectoris  
940

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. M. Smith, M. D.  
(Address) Amoret

