

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

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MAR 27 1935

9915

1. PLACE OF DEATH

County Monitau

Registration District No. 1093

Township Morrow

Primary Registration District No. 5776

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

Lewis Herbert Allee

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26 - 1875

7. AGE YEARS 59 MONTHS 10 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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) Monitau Co

FATHER

13. NAME Thomas Allee

MOTHER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monitau

15. MAIDEN NAME Sally A Birdsong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monitau Co

17. INFORMANT (ADDRESS) Little Moore

18. BURIAL, CREMATION, OR REMOVAL PLACE Log Spring DATE 3/3 1935

19. UNDERTAKER (ADDRESS) W. H. Meyer & Co

20. FILED 3-3 1935 J. L. Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2-1935

22. I HEREBY CERTIFY, That I attended deceased from 1-15-1935 to 3-2-1935

I last saw him alive on 2-27-1935 Death is said to have occurred on the date stated above, at 10:50 m.

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

Date of onset _____

Other contributory causes of importance:
Fracture of the lungs

Name of operation Ecstasy Date of _____

What test confirmed diagnosis? Alcohol 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 _____, 1935

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) H. R. Pope, M. D.

(Address) California 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.

the 1990s, the number of people in the world who are under 15 years of age is expected to increase from 1.1 billion to 1.5 billion. The number of people aged 65 and over is expected to increase from 200 million to 400 million. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion. The number of people aged 15 and over is expected to increase from 3.5 billion to 4.5 billion.

1. *Journal of the American Medical Association*, 2000; 284: 2689-2694.

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