

JUL 20 1935

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township Salmon
City (No)

Registration District No. 290
Primary Registration District No. 5408

File No. 19380
Registered No. 38
St. (C) Ward (1)

2. FULL NAME

(a) Residence, No. Lee P. Allen St. (C) Ward (1)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Mollie Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4 1867</u>		
7. AGE <u>68</u>	YEARS <u>2</u>	MONTHS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Harmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>
10. Date deceased last worked at this occupation (month and year) <u>X</u>		11. Total time (years) spent in this occupation <u>X</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carlisle, Pa.</u>		
13. NAME <u>Lee P. Allen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>		
15. MAIDEN NAME <u>Not Known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>		
17. INFORMANT (ADDRESS) <u>Smith, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazelton, Pa.</u> DATE <u>June 14 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Smith, Mo.</u>		
20. FILED <u>7-1</u> 1935 <u>H. M. Pfeiffer</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1935

22. I HEREBY CERTIFY That I attended deceased from 6-10-1935 to 6-13-1935

I last saw him alive on 6-13-1935 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows:
Acute Inflammatory Coronary Thrombosis

Other contributory causes of importance:
Generalized Anger

Name of operation (Signature) Date of (Signature)

What test confirmed diagnosis? (Signature) Was there an autopsy? (Signature)

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? (Signature) Date of injury (Signature), 19 (Signature)
Where did injury occur? (Signature) (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury (Signature)
Nature of injury (Signature)

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signature), M. D.
(Signed) (Signature)
(Address) Smith, 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.

OCT 9 1947

RECEIVED
OCT 9 1947

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000