

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 17 1935

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

Do not use this space.

28639

1. PLACE OF DEATH

County Bates  
Township Ind. Pleasant  
City                      (No.                     )

Registration District No. 50  
Primary Registration District No. 5074

File No.                       
Registered No. 66  
St.                      Ward                     

2. FULL NAME

Bob Frank 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 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 white 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 2 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
60 0 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Woffield Lee Co  
(STATE OR COUNTRY) Virginia

13. NAME Alexander Patten Allen

14. BIRTHPLACE (CITY OR TOWN) Woffield  
(STATE OR COUNTRY) Va.

15. MAIDEN NAME Louisa Minor Young

16. BIRTHPLACE (CITY OR TOWN) Woffield  
(STATE OR COUNTRY) Va.

17. INFORMANT Bob Frank Allen Jr  
(ADDRESS) Bates mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Oak Hill DATE Sept 22 1935

19. UNDERTAKER Culver  
(ADDRESS) Bates mo

20. FILED Sept 22 1935 Thos L Culver  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 20 1935

22. I HEREBY CERTIFY That I attended deceased from Mar 5 1935 to Sept 19 1935

I last saw him alive on Sept 19 1935 Death is said to have occurred on the date stated above, at 2 a m.

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

Carcinoma liver Date of onset

Other contributory causes of importance

Name of operation Cholecystectomy Date of                     

What test confirmed diagnosis?                      Was there an autopsy? no

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? no

If so, specify                     

(Signed) Thos L Culver, M. D.

(Address) Bates mo

