

OCT 25 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

30187

1. PLACE OF DEATH

70 County MontgomeryTownship Danville

City.....

(No.....)

Registration District No. 958.Primary Registration District No. 6786C.

File No.....

Registered No.....

St.....Ward.....

2. FULL NAME A.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 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

Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFGeorgia Allen, (nee Gregory)6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5th-1861

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
day,hrs.
ormin.7458

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Retired Farmer9. 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)Calloway Co.,

FATHER

13. NAME

Chas Pleasant Allen,14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Kentucky.

MOTHER

15. MAIDEN NAME

Elvira Jane Courtney,16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)St. Charles Co.,17. INFORMANT
(ADDRESS)Mrs A.W.Allen,
Mincola, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Family Cemty DATE Sept 15th 3519. UNDERTAKER
(ADDRESS)Barton Baker,
Amorick, Mo.

20. FILED

Sept 19th, 1935 Mrs Elmer Gregory,

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

Aug 20 1935, to Sept 13 1935I last saw him alive on Sept 11 1935 Death is saidto have occurred on the date stated above, at 11 P.m.

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

Pneumonia
Diabetes
Chronic myocarditis
Carcinoma of descending
colon
46

Date of onset

9-10-359??

Other contributory causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? clinical 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) James D. Helms, M. D.(Address) New Florence 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.

