

OCT 28 1935

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

Do not use this space.

30530

1. PLACE OF DEATH

County St. Francois Registration District No. 33 File No. 23
Township Randolph Primary Registration District No. 6024B Registered No.
City (No.) St. Ward)

2. FULL NAME

Ernie Elise Allen
(a) Residence, No. Franklin Mrs. St., Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 3-1920</u>		
7. AGE	YEARS <u>15</u>	MONTHS <u>3</u>
	DAYS <u>17</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School Boy</u>	
	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
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belgrade Mo</u>	
	13. NAME <u>Louis Geller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salem Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Verneal Vineyard</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Belgrade Mo.</u>	
	17. INFORMANT <u>Louis Allen</u> (ADDRESS) <u>Franklin Mrs</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Belgrade Mo</u> DATE <u>Sept 22-1935</u>	
	19. UNDERTAKER <u>Thomas White</u> (ADDRESS) <u>Fronton Mo.</u>	
	20. FILED <u>Sept 22-1935</u> <u>W E Debuschne</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw him alive on 19..... Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Hemorrhage Date of onset 9/20-35
Caused By
Pulmonary Tuberculosis 1934
Other contributory causes of importance:
Congenital Heart Lesion 1920

Name of operation 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?
If so, specify
(Signed) W E Debuschne M. D.
(Address) Leadwood Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

