

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.

NOV 19 1935

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

Do not use this space.

32077

1. PLACE OF DEATH

County Cape GirardeauRegistration District No. 125

Township

Primary Registration District No. 3099

City

Cape Girardeau, Mo.

File No.

Registered No. 286

St.

Ward)

2. FULL NAME

Clinton Allwood(a) Residence, No. _____
(Usual place of abode)

St.

Ward.

Chopier, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 2 mos. 10 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>July 29-1923</u>		
7. AGE YEARS <u>12</u>	MONTHS <u>2</u>	DAYS <u>10</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chopier, Mo.13. NAME Mr Emory Allwood14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County, Mo.15. MAIDEN NAME Miss Stella Pearson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles County, Mo.17. INFORMANT Mr Emory Allwood

18. BURIAL, CREMATION, OR REMOVAL

PLACE Chopier DATE Oct 11 193519. UNDERTAKER Stubbs, Chopier

(ADDRESS)

20. FILED 0-9, 1935 J. M. Thompson

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9, 193522. I HEREBY CERTIFY, That I attended deceased from Oct 9, 1935, to Oct 9, 1935.I last saw him alive on Oct 9, 1935. Death is saidto have occurred on the date stated above, at 10:50 a.m.

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

Accidental fracture of skullStruck by automobile

Other contributory causes of importance:

Name of operation OM Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide accident Date of injury Oct 9, 1935Where did injury occur? Chopier, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by autoNature of injury Fractured skull24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) G. B. Schuck, M. D.(Address) Cape Girardeau, Mo.

