

NOV 26 1935

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

Do not use this space.
33559
File No.
Registered No. 140- ...
St. ... Ward)

1. PLACE OF DEATH

County Deming Registration District No. 65-1
Township Little Prairie Primary Registration District No. 4388
City Edwardsville (No. ...)

2. FULL NAME

Charles E 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lila Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/30/1859</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>5</u>
	DAYS <u>27</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>Trader</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Stock Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Feb. 1934</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
FATHER	13. NAME <u>Joseph Allen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>P.R.</u>	
MOTHER	15. MAIDEN NAME <u>" "</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>	
17. INFORMANT (ADDRESS) <u>Mrs Charles E Allen</u> <u>Caruthersville mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maple Cemetery</u> DATE <u>10/28/35</u>		
19. UNDERTAKER (ADDRESS) <u>W. S. Smith</u> <u>Caruthersville mo</u>		
20. FILED <u>h. s. i. s.</u> 19 <u>35</u> <u>Edo Matting</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/27 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935, to 10-26, 1935.
I last saw him alive on 10-26, 1935. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:
Cardio-renal-vascular disease
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Other contributory causes of importance:

Name of operation 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? 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) J. J. Aquino, M. D.
(Address) Caruthersville 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

