

DEC 26 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

38226

## 1. PLACE OF DEATH

County SalineRegistration District No. 796Township MarshallPrimary Registration District No. 3038City Marshall

File No. ....

Registered No. 175

St. .... Ward)

## 2. FULL NAME

William Cary Allen(a) Residence, No. 855 E. Eastman 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male White Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Cora Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 31-1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .... hrs. or .... min.

69925

OCCUPATION

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) (STATE OR COUNTRY)

Mo.

13. NAME

W. C. Allen

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

Mo.

15. MAIDEN NAME

Mary O. Ward

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

Mo.

17. INFORMANT (ADDRESS)

Mr. Cary Allen  
Marshall Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Edge Oak DATE Nov 28 1935

19. UNDERTAKER (ADDRESS)

J. H. Campbell  
Marshall Mo.20. FILED Nov. 29, 1935Heleen Newton  
Deputy Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Nov 26, 1935I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Nov 26, 1935I last saw him alive on 11-10, 1935 Death is saidto have occurred on the date stated above, at 12:00 PM

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

Date of onset

Ch Myocard1934

Other contributory causes of importance:

Arteriosclerosis1930

Name of operation

Date of

What test confirmed diagnosis Chloroform Chloroform autopsy?23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury Nov 26, 1935Where did injury occur? Mo.

(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)

W. H. Newton, M. D.

(Address)

Marshall 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.

