

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

Do not use this space.

FEB 17 1936

250

1. PLACE OF DEATH

County Buchanan

Registration District No. _____

Township _____

Primary Registration District No. _____

City _____

(No. _____)

File No. _____

Registered No. 43

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

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

Male

4. COLOR OR RACE

White

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

Single

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

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

May 21 - 1922

7. AGE

YEARS

13

MONTHS

7

DAYS

20

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

School

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)

Common
Missouri

MOTHER FATHER

13. NAME

William H. Allen

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

Union Co
Georgia

15. MAIDEN NAME

Viola Holt

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

Union Co
Georgia

17. INFORMANT (ADDRESS)

William H. Allen
Union Co

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Union Co

DATE

Jan 13 - 1936

19. UNDERTAKER (ADDRESS)

Barber
Union Co

20. FILED

1-13 - 1936

1936

John R. Bender

Union Co

Union Co

Union Co

Union Co

Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 11 - 1936

22. I HEREBY CERTIFY That I attended deceased from

1/10/36

, 19

to

1/11/36

, 19

I last saw him alive on 1/11/36, 19

Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Traumatic Pneumonia
Pulmonary embolism

Date of onset

1/10/36

1/11/36

Other contributory causes of importance

Name of operation

None

Date of

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide Accident Date of injury 1/10/36

Where did injury occur? Buchanan Co (Specify city or town, county, and State)

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

Coasting on sled

Manner of injury Trauma & chest

Nature of injury ''

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

W. H. Allen

M. D.

(Address)

Union Co

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.

