

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.

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

Do not use this space.

FEB 20 1936

1. PLACE OF DEATH
County Randolph Registration District No. 735
Township _____ Primary Registration District No. 3034
City Moberly (No. 014), West Road St. _____ Ward _____

2. FULL NAME Renze Gonzales Allen
(a) Residence, No. 914 West Road St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

2612

File No. _____
Registered No. 22 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary L. Allen (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>79</u>	<u>7</u>	<u>14</u>	

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

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) N. Roenoke
(STATE OR COUNTRY) Randolph Co. Mo.

13. NAME Garrett Allen

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

15. MAIDEN NAME Louisa Terrill.

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

17. INFORMANT Mrs. Mary L. Allen,
(ADDRESS) Moberly, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland. DATE Jan 20 1936

19. UNDERTAKER Wm. General Ho S.
(ADDRESS) Moberly, Mo.

20. FILED 1/26 1936 Virginia L. McCornick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24th 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1936, to Jan 24, 1936.
I last saw him alive on Jan 24, 1936. Death is said to have occurred on the date stated above, at 1.10 AM.
The principal cause of death and related causes of importance were as follows:
(malignant) disease
of cancer
of bowels Date of onset Jan 25

Other contributory causes of importance:
W

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical 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? no
If so, specify _____
(Signed) V. L. McCornick, M. D.
(Address) Moberly

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

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