

FEB 18 1936

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

Do not use this space.

5045

1. PLACE OF DEATH

County Chariton
Township Missouri
City (No) _____

Registration District No. 164
Primary Registration District No. 5249

File No. _____
Registered No. 6
St. _____ Ward _____

2. FULL NAME

William Richard 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22 1894

7. AGE YEARS MONTHS DAYS If LESS than 4 day, hrs. or min.
41 5 13

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) Dalton, Mo
Chariton County

13. NAME Charles William Allen

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

15. MAIDEN NAME Fannie Victoria Winn

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

17. INFORMANT (ADDRESS) Thomas C Allen

18. BURIAL, CREMATION, OR REMOVAL PLACE Dalton DATE Jan 7 1936

19. UNDERTAKER (ADDRESS) Ralph A. Carr

20. FILED Feb. 6 1936 Harry E. Tatum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1935 to Feb. 5, 1936

I last saw him alive on Jan. 30, 1936. Death is said to have occurred on the date stated above, at _____ m.

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

Cardiac degeneration
due to valvular
lesions

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) L. W. Held
(Address) Dalton, 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.

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