

MAR 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Lewis

Registration District No. 480

Township Union

Primary Registration District No. 4289

City La Grange

(No., St. Ward)

File No. 6636

Registered No. 2

2. FULL NAME

Albert 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

Black

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

Widowed

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

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

Sep. 1st 1844

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

91

5

17

OCCUPATION

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

Retired 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)

Louisville

Ky

FATHER

13. NAME

Bowen Allen

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

not known

MOTHER

15. MAIDEN NAME

not known

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

17. INFORMANT (ADDRESS)

Edward Allen

La Grange, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

La Grange

DATE Feb. 21st, 1936

19. UNDERTAKER (ADDRESS)

A. A. Roberts

La Grange, Mo.

20. FILED Feb. 20, 1936

W. S. Allen

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 18th, 1936

22. I HEREBY CERTIFY, That I attended deceased from

June 25, 1933, to Feb. 18th, 1936

I last saw him alive on Jan. 20, 1936. Death is said

to have occurred on the date stated above, at 4 A. M.

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

Chronic Interstitial Nephritis

Date of onset

Hypertension

Other contributory causes of importance

Senility

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical 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) W. L. E. Carr, M. D.

(Address) La Grange, Mo.

