CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 20 1936

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

Do not use this space.

11155

1. PLACE OF DEATH
County Jasper — Registration District No. 408
Township — Primary Registration District No. 3020
City Carthage (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Horace L. Allen
(a) Residence, No. 1126 James St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	0	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) Hornellsville
(STATE OR COUNTRY) New York

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) "
(STATE OR COUNTRY) "

17. INFORMANT Mrs. Nellie E. Allen
(ADDRESS) 1126 James - Carthage

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Hill Cem. DATE Mar. 19, 1936

19. UNDERTAKER Knell Mortuary
(ADDRESS) Carthage, Missouri

20. FILED Mar. 19, 1936 S. B. Clinton
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1936, to March 17, 1936
I last saw him alive on March 14, 1936. Death is said to have occurred on the date stated above, at 2a m.
The principal cause of death and related causes of importance were as follows:

Chronic Brights Disease.

Date of onset

Other contributory causes of importance:

131

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? .....
If so, specify .....
(Signed) K. E. Baker, M. D.
(Address) Carthage Mo.