

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.

APR 23 1936

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

Do not use this space.

11850

1. PLACE OF DEATH

County Pemiscot
Township Coater
City St. Louis (No. 700)

Registration District No. 654
Primary Registration District No. 5873

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

2. FULL NAME

Billie Lee Allen

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) inf

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-9-1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 5 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Blytheville (STATE OR COUNTRY) Ark

FATHER 13. NAME O. E. Allen

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

MOTHER 15. MAIDEN NAME Fay Carry

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

17. INFORMANT O. E. Allen (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 3-18 1936

19. UNDERTAKER Herman Runtz Co (ADDRESS) St. Louis

20. FILED 4-7 1936 Tom Bugener Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18 1936

22. I HEREBY CERTIFY, That I attended deceased from 15:26 1936 to 1:54 1936

I last saw him alive on 1:54 1936 Death is said to have occurred on the date stated above, at 11:25 p. m.

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

intestinal indigestion
followed with
Pneumonia

Date of onset

Other contributory causes of importance: 1/2

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) J. E. McDaniel, M. D.

(Address) St. Louis

