Cunnaham

JUN 25 1936

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

Do not use this space.

20355

1. PLACE OF DEATH
County: Pike — Registration District No.: 689
Township: Buffalo — Primary Registration District No.: 3033
City: Louisiana (No. 1013, Texas St. Ward)
File No.
Registered No.

2. FULL NAME: George Page Allen
(a) Residence, No.: 1013 Texas 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: Patsy Harris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-4-1837

7. AGE: Years 99 | Months 1 | Days 27 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: ~~Retired~~ Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Gen. Labor — Isn't Pensioner
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): Mo

FATHER
13. NAME: Inman Page
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): dont Know

MOTHER
15. MAIDEN NAME: Charlotte Page
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): dont Know

17. INFORMANT (ADDRESS): Mary Page Irwin, Louisiana Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Riverview DATE: 5/4 1936

19. UNDERTAKER (ADDRESS): F C Haeny Jr, Louisiana Mo

20. FILED: 5/2 1936 F C Haeny Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-2 1936

22. I HEREBY CERTIFY, That I attended deceased from April 26, 1936, to May 2, 1936
I last saw him alive on May 1, 1936. Death is said to have occurred on the date stated above, at 12:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia, lobar	

Other contributory causes of importance:
Senile Nephrosclerosis

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) C E Cunningham, M. D.
(Address) Louisiana 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.

Chriscopher