

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.

Oct 21 1936
JUL 18 1936

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

Do not use this space.

22278

1. PLACE OF DEATH

County Coas.
Township Pleasant Hill
City Pleasant Hill mo (No. _____)

Registration District No. 157
Primary Registration District No. 4091

File No. _____
Registered No. 19
St. _____ Ward _____

2. FULL NAME

William Harrison Allen

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 Mattie Frances Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21 1857
7. AGE YEARS 78 MONTHS 7 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stockman + 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) mo. 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Pleasant Hill mo (STATE OR COUNTRY)

13. NAME James Allen

14. BIRTHPLACE (CITY OR TOWN) Pleasant Hill mo. (STATE OR COUNTRY)

15. MAIDEN NAME Camoranda Harrison

16. BIRTHPLACE (CITY OR TOWN) Clay Co. mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Judge Shuman (ADDRESS) Pleasant Hill, mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Hill DATE June 12 1936

19. UNDERTAKER Blountfield-Belcher (ADDRESS) Pleasant Hill mo.

20. FILED 6-12-1936 Mrs. Etta M. Aldridge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 - 1936

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1936, to June 10, 1936.
Last saw him alive on June 7, 1936. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Thrombosis of the heart
Date of onset _____

Other contributory causes of importance: Arteriosclerosis

Name of operation no Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) A. H. Baldwin M. D.
(Address) Pleasant Hill, mo

Gray & Sons