

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.

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

Do not use this space.

SEP 16 1936

1. PLACE OF DEATHCounty BolingerRegistration District No. 66Township OrangePrimary Registration District No. 510213City near Cape Gir

(No.)

25488

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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**M**4. COLOR OR RACE**W**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**Widower**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**Margaret (Linsberger) Allen**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**12-29-1859**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

77623**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**Farmer**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Cape Gir Co. Mo.**13. NAME**Allyn Allen**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Cape Gir Co. Mo.**15. MAIDEN NAME**Laney Mills**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**Cape Gir Co. Mo.**17. INFORMANT (ADDRESS)**L. G. Allen, Moberly, Mo.**18. BURIAL, CREMATION, OR REMOVAL**McCombs Bur.DATE 7-23

1936

19. UNDERTAKER (ADDRESS)McCombs**20. FILED**

19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 7-20, 1936**22. I HEREBY CERTIFY, That I attended deceased from**....., 1936, to 1936I last saw him alive on 1936. Death is saidto have occurred on the date stated above, at St. Louis.

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

Date of onset

Verdict of Coroner
Valvular heart disease

Other contributory causes of importance:

Name of operation Date of 1936

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 1936

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. P. ..., M. D.(Address) St. Louis, Mo.

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

Do not use this space.

25488

1. PLACE OF DEATH

County Bollinger

Registration District No. 66

Township Loraine

Primary Registration District No. 5102 B

City St. Henry

(No. 1)

File No.

Registered No.

St. Ward

2. FULL NAME

(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

M

4. COLOR OR RACE

W

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

wid

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

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

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

27

6

23

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

20. FILED

9-1

1936

J. C. Lander

Registrar

MEDICAL CERTIFICATE OF DEATH

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

7-20, 1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

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)....., M. D.

(Address).....

5-2548P