

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 25 1936

27227

## 1. PLACE OF DEATH

County Lincoln Registration District No. 488  
Township Hawthorn Primary Registration District No. 6316 5  
City Warrenton Mo (No. .... St. .... Ward)

## 2. FULL NAME

William Franklin Allen  
(a) Residence, No. Warrenton Mo. St. Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 74 yrs. 9 mos. 16 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 Maggie Allen  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
74 9 16

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

12. BIRTHPLACE (CITY OR TOWN) Warrenton  
(STATE OR COUNTRY) Missouri13. NAME Henry Allen14. BIRTHPLACE (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)15. MAIDEN NAME Virginia Mosley16. BIRTHPLACE (CITY OR TOWN) St. Louis County  
(STATE OR COUNTRY)17. INFORMANT Maggie Allen  
(ADDRESS) Warrenton Mo.18. BURIAL, CREMATION, OR REMOVAL  
PLACE Hawthorn Cem. DATE July 26, 193619. UNDERTAKER Wayne M. Coff  
(ADDRESS) Troy Mo.20. FILED 7-25 1936 W. H. Ginner  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24 193622. I HEREBY CERTIFY, That I attended deceased from 7-11 1936 to 7-24 1936I last saw him alive on 7-24 1936 Death is said to have occurred on the date stated above, at 12:15 PM

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

Carcinoma of StomachOther contributory causes of importance: None

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) N. S. Harris, M. D.(Address) Troy Mo.

