

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.

4072

OCT 1 1936

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

Do not use this space.

33445

1. PLACE OF DEATH

County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6162
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 239

2. FULL NAME

Chester J. Allen
(a) Residence, No. State Hospital # 3 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. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carrie (color) Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 20, 1858</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>6</u>
	DAYS <u>29</u>	IF LESS THAN 1 day, hrs. _____ or min. _____
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Boiler maker</u>	
	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) <u>Edwards, Ill.</u>		
FATHER	13. NAME <u>Josh. Allen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Porter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>C. E. Emerick</u> (ADDRESS) <u>2305 S. Maryland St., Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Olivera Maus</u> , DATE <u>Aug 20</u> , 19 <u>36</u>		
19. UNDERTAKER <u>Allen & Sons</u> (ADDRESS) <u>Newark, Mo.</u>		
20. FILED <u>Aug 19</u> , 19 <u>36</u> <u>M. Newinger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mon. 27, 1936 to Aug 18, 1936
I last saw him live on Aug 14, 1936 Death is said to have occurred on the date stated above, at 3:20 p.m.
The principal cause of death and related causes of importance were as follows:
arteriosclerosis
Date of onset 7

Other contributory causes of importance:
Heat exhaustion 9/16/36

Name of operation none Date of _____
What test confirmed diagnosis? urinal 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? no
If so, specify _____
(Signed) T. T. Duff, M. D.
(Address) Merida, Mo.

1875

1876

1877

1878

1879

1880