

DEC

9 1936

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

Do not use this space.

35148

1. PLACE OF DEATH

County Reynolds Co.
Township Little Prairie
City Caruthersville (No. 1207)

Registration District No. 667
Primary Registration District No. 6862

File No. 192
Registered No. 192 St. Ward

2. FULL NAME

(a) Residence, No. Caruthersville Mo.
(Usual place of abode)

Length of residence in city or town where death occurred 3 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 Della Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20 1884
7. AGE YEARS 52 MONTHS 0 DAYS 6 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) day of death 11. Total time (years) spent in this occupation 4 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Tenn13. NAME Wm Allen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn15. MAIDEN NAME Elizabeth Rutherford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Tenn17. INFORMANT (ADDRESS) Mrs. Della Allen Caruthersville, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Little Prairie Cem. DATE 9/27 193619. UNDERTAKER (ADDRESS) J. J. La Forge Caruthersville Mo.20. FILED Nov. 7 1936 Gda Martin

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 193622. I HEREBY CERTIFY, That I attended deceased from Sept 26 to Sept 26 1936I last saw him alive on Sept 26 1936 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Some acute heart condition evidently
Coronary thrombosis

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) J. B. Luter M. D.(Address) Caruthersville 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.

