

NOV 20 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

36989

1. PLACE OF DEATH

County Cape GirardeauTownship RandolphCity OrionRegistration District No. 131Primary Registration District No. 6782(No. Cape R.F.D.#1)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Harley Dean Allen(a) Residence, No. Cape R.F.D.#1

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

Male

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ...hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Child

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) Cape R.F.D.#1
(STATE OR COUNTRY) Mo.13. NAME Sherman Allen14. BIRTHPLACE (CITY OR TOWN) Cape R.F.D.#1
(STATE OR COUNTRY) Mo.15. MAIDEN NAME Ellen Singleton16. BIRTHPLACE (CITY OR TOWN) Cape R.F.D.#1
(STATE OR COUNTRY) Mo.17. INFORMANT Sherman Allen
(ADDRESS) Cape R.F.D.#1, Mo.18. BURIAL, CREMATION, OR REMOVAL Cemt.
PLACE Indian Creek Church Oct. 21 193619. UNDERTAKER Haman's Funeral Home
(ADDRESS) Cape Girardeau, Mo.20. FILED Nov 10, 1936 Oliver Miller
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19 193622. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936 to Oct 18, 1936I last saw him alive on Oct 18, 1936 Death is saidto have occurred on the date stated above, at 6:40 Pm.

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

Cholera

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) C. J. Miller, M. D.(Address) Cape GirardeauMo

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.

