

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.

DEC 4 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40014

1. PLACE OF DEATH

County Saline
 Township Marshall
 City Marshall (No. _____)

Registration District No. 796
 Primary Registration District No. 6039

File No. _____
 Registered No. 185
 St. _____ Ward _____

2. FULL NAME

Owen Allen
 (a) Residence, No. _____ County Saline St. _____ Ward _____
 (Usual place of abode)

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. (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 Minnie Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 1 9

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) (STATE OR COUNTRY) Ky.

13. NAME David Allen

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

15. MAIDEN NAME Julie Kirk

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

17. INFORMANT Mrs. Lora Veritable
 (ADDRESS) Sweet Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL Oct.
 PLACE Sweet Springs DATE Aug 5 1936

19. UNDERTAKER R. W. Campbell
 (ADDRESS) Marshall, Mo.

20. FILED Oct. 5 1936 Thelma Weston Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1936, to Oct 3 1936.

I last saw him alive on Sept 25, 1936. 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:

Gastric Cancer
 Date of onset ?

Other contributory causes of importance: 40

Name of operation _____ Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Robert H. Sawyer, M. D.

(Address) Marshall

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