DEC 8 1936

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

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1. PLACE OF DEATH

County _Pettis_

Registration District No. _668_

File No. _____

Township _____

Primary Registration District No. _9092_

Registered No. _668_

City _Sedalia_ (No. _____ , _____ St. _____ Ward)

2. FULL NAME _James Allen_

(a) Residence, No. _422 Y Mill_ 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. _____ mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _M_

4. COLOR OR RACE _Col_

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Nov 27, 1936_

7. AGE YEARS _____ MONTHS _____ DAYS _____ _Still Born_ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. x

10. Date deceased last worked at this occupation (month and year) x

11. Total time (years) spent in this occupation x

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Sedalia Pettis Co Mo_

FATHER

13. NAME _James Allen_

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

MOTHER

15. MAIDEN NAME _Jimmie Whitley_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Sedalia Pettis Co Mo._

17. INFORMANT (ADDRESS) _Will Whitley Sedalia Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Georgetown Mo_ DATE _Nov 28_ 1936

19. UNDERTAKER (ADDRESS) _F R Ferguson Sedalia_

20. FILED _11-28-1936_ _Jean Slack_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _11/77_ 19 _36_

22. I HEREBY CERTIFY, That I attended deceased from _11/27_, 19 _36_, to _11/77_, 19 _36_

I last saw h_____ alive on _____, 19 _____. 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: Date of onset

Still born

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) _Dr C Danner_, M. D.

(Address) _____