

MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin
Township Independence
City Independence (No. St. Ward)

Registration District No. 288
Primary Registration District No. 5716

File No. 5773
Registered No.

2. FULL NAME

(a) Residence, No. Allen, Mo. 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.

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) October 3, 1923
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
13 3 29

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

13. NAME Will Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mill Springs

15. MAIDEN NAME Lillie Fegan

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

17. INFORMANT (ADDRESS) Will Allen

18. BURIAL, CREMATION, OR REMOVAL PLACE Gregory DATE Jan 30, 1937

19. UNDERTAKER (ADDRESS) Piggott, Ark

20. FILED 2-23-1937 Wheeler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 1937

22. I HEREBY CERTIFY That I attended deceased from January 14, 1937, to January 18, 1937.
I last saw him alive on January 18, 1937. Death is said to have occurred on the date stated above, at 2:00 a.m.
The principal cause of death and related causes of importance were as follows:

Pericarditis
Arteriosclerosis
Date of onset 3 wks
2 m.

Other contributory causes of importance:

Name of operation AO 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? no
If so, specify
(Signed) W. B. Presnell M. D.
(Address) Independence, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1-17784

