

MAR 22 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BoonvilleRegistration District No. 450Township EnglePrimary Registration District No. 5615City Boonville (No. 1)File No. 6 6945Registered No. 6St. Boonville Ward 12. FULL NAME E. R. Allen(a) Residence, No. 1 St. Boonville Ward 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 10 ds. How long in U. S., if of foreign birth? yrs. 1 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Patricia A. Allen (OR) WIFE OF John A. Allen6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1859

7. AGE

YEARS 78MONTHS 10DAYS 10If LESS than 1 day, 10 hrs. or 10 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer10. Date deceased last worked at this occupation (month and year) Jan 11 - 185911. Total time (years) spent in this occupation 1012. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Janey Co Mo

FATHER

13. NAME John Allen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Unknown

MOTHER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) John Allen18. BURIAL, CREMATION, OR REMOVAL Boonville Mo Feb 26 193719. UNDERTAKER (ADDRESS) E. H. Stewart20. FILED Mar 1 1937 W. H. Atkins

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 193722. I HEREBY CERTIFY, That I attended deceased from Jan 12 1937 to Feb 24 1937. I last saw him alive on Feb 24 1937. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Valvular Insufficiency

Other contributory causes of importance: 920

Date of onset

Name of operation Spinal Date of 1937What test confirmed diagnosis? Spinal Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury 1937Where did injury occur? Boonville Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None(Signed) J. H. Scott, M. D.(Address) Boonville 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.

CAUSE OF DEATH IN 1914
STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
This statement is to be filled out by the physician or other person who has attended the deceased and is very important.

1. NAME OF DECEASED
2. SEX
3. AGE
4. MOTHER
5. FATHER

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

6945-
Do not use this space.

1. PLACE OF DEATH

(a) County Nacorda Registration District No. 450
(b) Township Angeline Primary Registration District No. 5615
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Roder Allen
(a) Residence, No. St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 1 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) John Allen
Lebanon Mo R.R. #3

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS) Stewart

20. FILED 19... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24 1937

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19... 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:

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. C. Neath, M. D.

(Address) Lebanon Mo

S-4945