

MAR 29 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH.

County WRIGHT
 Township BOONE
 City (No.)

Registration District No. 906
 Primary Registration District No. 6224

File No. 9329
 Registered No. 6
 St. Ward

2. FULL NAME

WILLIAM STERLING ALLEN

(a) Residence, No. St. Ward
 (Usual place of abode)

Length of residence in city or town where death occurred 76 yrs. 3 mos. 16 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) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LIZZIE ALLEN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 23 - 1863
 7. AGE YEARS 75 MONTHS 3 DAYS 16 If LESS than 1 day, hrs. min.

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) HARTVILLE

13. NAME DANIEL ALLEN
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

15. MAIDEN NAME MARANEA RIPPY
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

17. INFORMANT MR. A. S. ALLEN (SON)
 (ADDRESS) Hartville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE MT. OLIVE DATE FEB. 9 1937

19. UNDERTAKER TOM YOUNG
 (ADDRESS) HARTVILLE

20. Mar 1 1937 Cushman Ellis
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1937

22. I HEREBY CERTIFY, That I attended deceased from FEB. 1 1937 to FEB. 8 1937

I last saw him alive on FEB. 8 1937 Death is said to have occurred on the date stated above, at 12:30 PM.

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

BILATERAL LOBAR PNEUMONIA

Date of onset FEB 1

Other contributory causes of importance:

MITRAL INSUFFICIENCY

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? NO

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. H. Schlicht, M. D.
 (Address) KIANGUA, 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.

