

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.

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

Do not use this space.

MAR 22 1937

12506

1. PLACE OF DEATH

59 County Livingston Registration District No. 508
Township..... Primary Registration District No. 3026
City Chillicothe (No.....) St..... Ward.....

File No.....
Registered No. PE

2. FULL NAME James David Allen

(a) Residence, No. 307 Lilly St. 3rd 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 10 18

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) Iowa

13. NAME James B. Allen

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

15. MAIDEN NAME Rodie Carpenter

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

17. INFORMANT Mrs Amie Currin

(ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Hutcheson DATE Mar. 12 1937

19. UNDERTAKER F. B. Norman

(ADDRESS) Chillicothe, Missouri

20. FILED Mar. 10 1937 Ronald W. Donald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 20, 1936, to 3-9, 1937

I last saw him alive on 3-9, 1937. Death is said to have occurred on the date stated above, at 7:12 pm

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

Arterio Sclerosis
Angina pectoris

Date of onset

Other contributory causes of importance:

Cystitis

Name of operation..... Date of X

What test confirmed diagnosis? Cerebral Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? X Date of injury X, 19X

Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) W. D. Donald M. D.

(Address) Chillicothe, Mo

