

JUN 16 1937

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

Do not use this space.

1. PLACE OF DEATH

1 County Adair Registration District No. 4  
2 Township                      Primary Registration District No. 3001  
7 City Berksville (No. 2)

File No. 19278  
Registered No. 103  
St.                      Ward                     

2. FULL NAME

James Cory Allen  
(a) Residence, No.                      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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Not known

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
56 9 15

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

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

10. Date deceased last worked at this occupation (month and year) May 25, 1937 11. Total time (years) spent in this occupation                     

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Ga.

13. NAME John Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Lizzie May

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) George Hall Fairbaster, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 6/6/37

19. UNDERTAKER (ADDRESS) Davis Funeral Home Berksville, Mo.

20. FILED June 7, 1937 Spencer Meaman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937

22. I HEREBY CERTIFY That I attended deceased from May 30, 1937, to June 5, 1937

I last saw him alive on June 5, 1937 at 3:30 p.m. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Pneumonia  
Gobar

Date of onset

Other contributory causes of importance: 108

Name of operation None Date of                     

What test confirmed diagnosis Clinical 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?                     

If so, specify                     

(Signed) T. H. E. [Signature] M. D.

(Address) Berksville 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.

James Allen  
Lizzie May

John Cary Allen  
Atlanta, Ga.  
56 Aug 21 (57)