

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

Do not use this space.

JUN 16 1937

File No. 19408
Registered No. 125
St. _____ Ward _____

1. PLACE OF DEATH
County Boone Registration District No. 73
Township _____ Primary Registration District No. 3006
City Columbia (No. 2)

2. FULL NAME Charlie Sidney Allen
(a) Residence, No. 500 Sexton Road St. _____ 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6th 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 07/07/37, 1937 to May 6th 1937, 1937
I last saw h. alive on 07/07/37, 1937 Death is said to have occurred on the date stated above, at 1145A.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9th 1854
7. AGE YEARS 82 MONTHS 5 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.

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

Other contributory causes of importance: 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co Mo

13. NAME William Allen

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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

15. MAIDEN NAME Martha Hopper

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. _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co, Mo.

17. INFORMANT B. S. Allen (ADDRESS) Columbia, Mo.

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Midway Mo DATE May 8 1937

19. UNDERTAKER (ADDRESS) P. O. O'Connell

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Yes Angina
(Signed) Carl M. ..., M. D.
(Address) Columbia, Mo.

20. FILED 5/8/37 1937 Allie Selby Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every year of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE

MOTHER FATHER OCCUPATION

