

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

JUN 23 1937

1. PLACE OF DEATH

61 County macon
 Township Callas
 City _____ (No. _____)

Registration District No. 528
 Primary Registration District No. 5707

File No. 20610
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Chas. Mosby 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.

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 Susan Francis Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
 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) Missouri

13. NAME Francis Withers Allen

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

15. MAIDEN NAME Mallie Pearl

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

17. INFORMANT P. J. Perry
 (ADDRESS) Callas Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Callas DATE June 9 1937

19. UNDERTAKER Perry & Son
 (ADDRESS) Callas Mo

20. FILED June 8, 1937 Mrs. H. L. Baker
 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 4 1937 Death is said to have occurred on the date stated above, at 1:30 A.M.

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

Cerebral hemorrhage
& Chron. Nephritis
 Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. Ex. 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) K. W. Welch M. D.

(Address) Callas Mo.

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