

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

Do not use this space.

21429

JUN 29 1937

1. PLACE OF DEATH

County Saline Registration District No. 796
 Township _____ Primary Registration District No. 3038
 City Marshall (No. Fitzgibbons Hosp) Registered No. 87
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR WIFE OF) <u>Lobby Allen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 2, 1874</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>3</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	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
MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	13. NAME <u>John Allen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Unkuser</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	
17. INFORMANT <u>Tarris Alley</u> (ADDRESS) <u>Marshall, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Park Cem.</u> DATE <u>May 7, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>B. Hork & M. Cary</u> <u>Marshall, Mo.</u>		
20. FILED <u>5-6-1937</u> <u>Mary K. Smith</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1937, to May 6, 1937.
 I last saw him... alive on May 6, 1937. Death is said to have occurred on the date stated above, at 1:50 a. m.
 The principal cause of death and related causes of importance were as follows:
Uremia
chronic glomerular nephritis
 (Date of onset)

Other contributory causes of importance: 131
myocarditis

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

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) John R. Lawrence, M. D.
 (Address) Marshall, 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.

