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JUL 3 0 1937

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

Do not use this space.

24277

1. PLACE OF DEATH

County Marion
Township Liberty
City Palmyra

Registration District No. 548.
Primary Registration District No. 4323.

File No. _____
Registered No. 28
St. _____ Ward _____

2. FULL NAME Edward Allen

(a) Residence, No. Palmyra, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 72 yrs. 1 mos. 16 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1865

7. AGE YEARS 72 MONTHS 1 DAYS 16 IF LESS than 1 day, hrs. or min.

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

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) Palmyra, Missouri

MOTHER FATHER 13. NAME Thornton Allen

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

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Jessie Allen (ADDRESS) Palmyra, Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Greenwood Cemetery DATE 6/16 1937

19. UNDERTAKER Lewis Bros (ADDRESS) Palmyra, Mo.

20. FILED June 16, 1937 Gertrude Lee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23 1937 to June 14 1937. I last saw him alive on June 14 1937. Death is said to have occurred on the date stated above, at 11:00p.m.

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

Stroke - apoplexy
left arm & left leg

Other contributory causes of importance:

Name of operation ✓ 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? No
If so, specify _____
(Signed) Dr. W. C. Ornel, M. D.
(Address) Palmyra, 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.

