

AUG 25 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Boonville
 Township Boonville
 City Boonville (No. 2)

Registration District No. 486
 Primary Registration District No. 0649

File No. 27672
 Registered No. 29
 St. Boonville Ward 1

2. FULL NAME

Reed Allen

(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

Male

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

June 17 - 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

37

1

13

OCCUPATION

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

Robber

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)

Apex Mo

FATHER

13. NAME

Wm Emerson

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

Wm Emerson

MOTHER

15. MAIDEN NAME

Minnie Collins

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

Apex Mo

17. INFORMANT (ADDRESS)

Minnie Collins

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Berger Cem

DATE

July 31, 1937

19. UNDERTAKER (ADDRESS)

W. B. Bradley

20. FILED

8-10

19

37

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G. E. Powell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to July 27, 1937

I last saw him alive on July 27, 1937. Death is said to have occurred on the date stated above, at 6:50 a.m.

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

Carcinoma of lungs and liver
About 8 months duration

No further information

Date of onset

Other contributory causes of importance:

Name of operation Laboratory findings Date of no

What test confirmed diagnosis? 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 1

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) C. E. Powell M. D. (Address) Elserby, 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.

75

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

27672

Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 486
(b) Township Hurricane Primary Registration District No. 3649
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Reed Allen St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 1 13
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Aug 10 1937 P. E. Powell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1937

22. I HEREBY CERTIFY, that I attended deceased from 19... to 19...

I last saw h... alive on 19... Death is said to have occurred on the date stated above, at m.

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

Carcinoma of lung
liver - about 8 months
duration
I do not know
primary seat -
Other contributory causes of importance: no autopsy

Name of operation 47 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) P. E. Powell, M. D.
(Address) Elkhart

S-27672