

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.

SEP 22 1937

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

Do not use this space.

247 31451

1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. 245

Township

Primary Registration District No. 3032

Registered No. 668

City Sedalia

(No. 900 S)

Vermont

St.

Ward

2. FULL NAME

(a) Residence. No. Clarksburg

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.

18 da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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)

May 15, 1894

7. AGE

YEARS

MONTHS

DAYS

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

43

3

5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Monticello Co. Missouri

10. NAME OF FATHER

E. A. Allee

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Monticello, Missouri

12. MAIDEN NAME OF MOTHER

Freshour

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Cole Co. Missouri

14.

INFORMANT

(Address)

T. D. Allee

Sedalia, Mo.

15.

FILED

8-21-1937

Jean Slack

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

8/6/20 1937

17.

I HEREBY CERTIFY, That I attended deceased from

8/6

1937, to

8/20

1937

that I last saw him alive on 8/20, 1937, and that death occurred, on the date stated above, at 6 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Bladder

(duration) 5 yrs. 5 mos. 5 da.

CONTRIBUTORY (SECONDARY)

Suppression of urine

(duration) 15 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. D. Ryan, M. D.
8/20, 1937 (Address) Sedalia, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

St. Pleasant Cemetery

Aug. 22, 1937

20. UNDERTAKER

ADDRESS

J. W. Wilson & Son

California Mo.

