

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County StoddardRegistration District No. 121Township BokePrimary Registration District No. 3009City Marion, Mo.St. Francis HospitalFile No. 33863Registered No. 281

2. FULL NAME

(a) Residence, No. Advance Mo.

(Usual place of abode)

Ward. Advance, Mo.Length of residence in city or town where death occurred 15 yrs. mos. ds.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)MalewhiteMarried5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFJane Allen

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

July 6 - 1956

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.81228. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Farmer9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Hamilton Co., Ill.

13. NAME

Barney Allen14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Not Known

15. MAIDEN NAME

Not Known16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Penn.17. INFORMANT
(ADDRESS)Theodore Allen

18. BURIAL, CREMATION, OR REMOVAL

PLACE Resident Hill Mo.DATE Sept 9 193719. UNDERTAKER
(ADDRESS)Lloyd O Morgan20. FILED 9-81937J. M. Harrison

Registrar.

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

Sept 8 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept 8 1937 to Sept 8 1937I last saw him alive on Sept 8 1937 Death is saidto have occurred on the date stated above, at 1 P. M.

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

Carcinoma of the Stomach Date of onset 1936Other contributory causes of importance: 46Name of operation noneDate of noneWhat test confirmed diagnosis? X-ray 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? noIf so, specify George O. Shaker(Signed) George O. Shaker M. D.(Address) Hope Garrison

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

