

NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape

Registration District No. 120-1

File No. 37338

Township Cape Girardeau, Mo. Southeast

Primary Registration District No. 3009

Registered No. 324

St. Ward

Ward

2. FULL NAME

(a) Residence, No. George Allen

(Usual place of abode)

St. Caruthersville Mo.

Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

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)

widowed

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

Anna Zinn

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

Dec 31 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75 years

9

9

9

OCCUPATION

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

Retired Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Retired Engineer

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)

Ill.

MOTHER FATHER

13. NAME

W. H. Allen

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

Don't know

15. MAIDEN NAME

Don't know

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

Ill.

17. INFORMANT (ADDRESS)

Wm. H. Allen
Galveston, Louisiana

18. BURIAL, CREMATION, OR REMOVAL

Caruthersville DATE Oct. 12, 1937

19. UNDERTAKER (ADDRESS)

Funeral Home
Cape Girardeau, Mo.

20. FILED

10-10-1937

J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct 5, 1937, to Oct 10, 1937.

I last saw him alive on Oct 10, 1937. Death is said

to have occurred on the date stated above, at 5:00 m.

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

Valvular Heart Disease

Date of onset Sept. 25

Other contributory causes of importance:

Acute Infarct

Name of operation..... Date of.....

What test confirmed diagnosis? Lab 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).....

(Address).....

Dr. J. W. Burris, M. D.
Cape Girardeau, Mo.

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