

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.

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

Do not use this space.

NOV 19 1937

38268

1. PLACE OF DEATH

County *Mississippi*  
Township *Wolf Creek*  
City *Boonville* (No. *1*)

Registration District No. *5-67*  
Primary Registration District No. *5-767*

File No. *38268*  
Registered No. *78* (Ward)

2. FULL NAME

*Roanet Seals Allen*

(a) Residence, No. *East Prairie, Mo.* St. *Mo.* Ward. *1*

Length of residence in city or town where death occurred *3* yrs. mos. 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 *M* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Lee Seals Allen*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 25 1912*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *27 11 24*

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) *Mississippi*

13. NAME *John Seals*

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

15. MAIDEN NAME *Cynthia Smith*

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

17. INFORMANT (ADDRESS) *Cynthia Jackson East Prairie, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *East Grove* DATE *Oct. 20 37*

19. UNDERTAKER (ADDRESS) *Trevin N. Shelly East Prairie, Mo.*

20. FILED *Oct 29 1937* *Harvris Hodges* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 19 1937*

22. I HEREBY CERTIFY, That I attended deceased from *1937*, 19... to *1937*, 19... 19...

I last saw him *alive* on *10/14*, 19... Death is said to have occurred on the date stated above, at *2:15 p.m.*

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

*by a gun shot by Willie Jackson and was found in the mt. Gull Plantation 10/14-1937*

*no disease acting as cause*  
Other contributory causes of importance:

Name of operation *NA* Date of *NA*  
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 *1937*

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 *gun*  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) *Frank J. Damon* M. D.  
(Address) *Charleston, Mo. Crown*

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