

DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saline

Township

City Marshall

(No.)

Registration District No. 796Primary Registration District No. 3038File No. 42561Registered No. 191

St.

Ward)

2. FULL NAME John Rainey Allen(a) Residence, No. 1259 South Redman
(Usual place of abode)

St.

Ward.

(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

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFAtha Louise Allen

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

December 17, 1886

7. AGE

YEARS

52

MONTHS

10

DAYS

27

IF LESS than 1

day, ... hrs.

or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Dry Goods &9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Harness Business
Retired10. 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)Springfield
Missouri13. NAME David C. Allen14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)North Carolina15. MAIDEN NAME America J. Rainey16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Greene County
Missouri17. INFORMANT
(ADDRESS)Mrs Joseph Henley
Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Elmwood Cem.DATE Nov. 16, 1937Kansas City, Mo.

19. UNDERTAKER

W. H. Campbell

(ADDRESS)

Marshall, Mo.

20. FILED

11-16-37

19

Mary Kent

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from

11-141937 to11-141937

I last saw h. on

11-141937 Death is saidTo have occurred on the date stated above, at 8 P. m.

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

Date of onset

Coronary Occlusion.

Other contributory causes of importance:

Name of operation

None

Date of

120

What test confirmed diagnosis

Medical

Was there an autopsy?

Yes

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)

Robert Kennedy

M. D.

(Address)

Marshall 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.

