

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph (No. State Hospital # 2)

File No. 6067

Registered No. 141

St.

Ward

2. FULL NAME

Lawrence O. Allen 450

(a) Residence, No.

Unionville Mo. St.

Ward.

Unionville Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 0 mos. 9 ds.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

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

married

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

Rebecca Allen

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

Nov. 16, 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

54

2

18

OCCUPATION

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)

7

11. Total time (years) spent in this occupation

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

Pittman CO. Mo.

FATHER

13. NAME

Charles Allen 1

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

Illinois 1

MOTHER

15. MAIDEN NAME

Lucinda Ann Dodge

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

Iowa

17. INFORMANT (ADDRESS)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Unionville Mo. DATE Feb 3 1938

19. UNDERTAKER (ADDRESS)

F. D. Rustel & Son

20. FILED

Feb 3 1938

A. J. Muth

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1937, to Feb 3 1938.

I last saw him alive on Feb 2 1938. Death is said

to have occurred on the date stated above, at 3:30 A.M.

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

Septicemia
Etiology undetermined
153 -

Date of onset

Jan 30
1938

Other contributory causes of importance:

Decubitus ulcers

Jan 20
1938

Name of operation

Date of

What test confirmed diagnosis? Clinical 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) R. Kuhlman

M. D.

(Address) State Hospital no 2

