

REC'D MAR 15 1938

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

Do not use this space.

6597

1. PLACE OF DEATH

32 County DeKalb.
2 Township Camden
0 City Maysville.

Registration District No. 259

Primary Registration District No. 4158

File No.

Registered No.

2. FULL NAME Charles A. Allen. 450

(a) Residence, No. St. Ward.
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 31, 1857.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 80 3 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer.
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) Boone County, Iowa.

13. NAME James B. Allen.

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

15. MAIDEN NAME Rhoda Carpenter.

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

17. INFORMANT Ed Allen.
(ADDRESS) Maysville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove. DATE Feb. 8. 1938.

19. UNDERTAKER U. G. Pilcher.
(ADDRESS) Maysville, Mo.

20. FILED 27 1938 Ethel H. Bowen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1937, to February 7, 1938.

I last saw him alive on February 6, 1938. Death is said to have occurred on the date stated above, at 1:00 A.M.

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

Generalized arteriosclerosis
Chronic Myocarditis
Nephritis
Prostatic Hypertrophy
Inguinal Abscess
Date of onset Unknown
Unknown
Dec. 1, 1937
Unknown
Jan. 30

Other contributory causes of importance:

Name of operation Date of

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

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?

If so, specify (Signed) John M. Cooper M. D.

(Address) Maysville, Mo. 234

