

REC'D APR 5 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10121

Do not use this space.

1. PLACE OF DEATH

(a) County Boone
 (b) Township Columbia
 (c) City _____

Registration District No. 73
 Primary Registration District No. 5112

Registered No. 77

(d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Walker Allen 450
 (a) Residence, No. Stephens Route 1 St. ☐
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Sallie W. Allen
 (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1857

7. AGE YEARS 81 MONTHS 0 DAYS 25
 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Hudrain Co Mo
 (STATE OR COUNTRY)

13. NAME Churchell Allen

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

15. MAIDEN NAME Elizabeth Pearson

16. BIRTHPLACE (CITY OR TOWN) Hudrain Co, Mo
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Grave Allen
Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hickory Grove DATE 4-1-1938

19. FUNERAL DIRECTOR (ADDRESS) R. O. Willett
Columbia Mo

20. FILED 3/31/1938 Allie Selby
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:30 P.

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

AccidentKilled by TornadoOther contributory causes of importance: 187
14

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 3/30, 1938

Where did injury occur? 10 mi. W. Columbia
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In homeNature of injury Killed by TornadoMangled & Crushed24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) MR. Tolson, Coroner74 (Address) 20 N 98 E

STATEMENT BY LICENSED EMBALMER

I, Lyman H. Sprinkle, Licensed Embalmer No. 4013
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Lyman H. Sprinkle
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lyman H. Sprinkle
Licensed Embalmer No. 4013

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)