

REC'D AUG 10 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County COOPERRegistration District No. 217

Township

Primary Registration District No. 5-29-7City BLACKWATER (No. 4131)File No. 25148

Registered No.

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME ANDREW EDWARD ALLEN(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

WHITE5. SINGLE, MARRIED, WIDOWED, OR  
DIVORCED (write the word)MARRIED

6. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFVIRGINIA ALLEN

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

Nov. 16 - 1903

8. AGE

YEARS

34

MONTHS

8

DAYS

13If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

9. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.FARMER10. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.11. Date deceased last worked at  
this occupation (month and  
year) JULY - 193811. Total time (years)  
spent in this  
occupation LIFE12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)NOVINGER  
MISSOURI

13. NAME

A. ALLEN14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)NOVINGER  
MISSOURI

15. MAIDEN NAME

REBECCA FINLEY16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)SALINE COUNTY  
MISSOURI17. INFORMANT  
(ADDRESS)VIRGINIA ALLEN  
BLACKWATER Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE PENINSULA CEM. DATE JULY 26, 193819. UNDERTAKER  
(ADDRESS)STEGNER-KOENIG  
BOONVILLE, Mo.

20. FILED

7-25 1938 M. J. Finley  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from

July 15, 1938, to July 24, 1938I first saw him alive on July 24, 1938 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:

Acute Endocarditis

Date of onset

Other contributory causes of importance:

Emphysema  
asthma

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 \_\_\_\_\_, 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Dr. J. W. Hunt(Address) Blackwater Mo.

M.D.

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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.

JUL 2 1947