

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

Do not use this space.

26257

1. PLACE OF DEATH <sup>1938</sup>  
 County Polk Registration District No. 703  
 Township Tokasa Primary Registration District No. 4424  
 City Humansville (No. Geo. Summitt Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George Bell Allen 450  
 (a) Residence, No. Humansville, Mo. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Allen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 27 - 1879</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>59</u>	<u>4</u>	<u>25</u>	<u>30</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>merchant</u>			
	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 <u>30</u>			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lorain City Mo.</u>			
	13. NAME <u>Jo</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>John Allen Ohio</u>		
MOTHER	15. MAIDEN NAME <u>Carrie Wells</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ark. Benton Co.</u>			
17. INFORMANT <u>Mrs. S. Minnie Allen</u> (ADDRESS) <u>Humansville, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lorain City, Mo.</u> DATE <u>July 27</u> 19 <u>38</u>				
19. UNDERTAKER <u>H. S. Austin</u> (ADDRESS) <u>Lorain City, Mo.</u>				
20. FILED <u>Aug. 5, 1938</u> <u>Ora M. Peck</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to July 22, 1938  
 I last saw him alive on July 22, 1938. Death is said to have occurred on the date stated above, at 2:10 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Acute Nephritis ✓  
Broken compensation ✓  
 Date of onset July 1, 38

Other contributory causes of importance:  
None ✓  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Cholesterol Was there an autopsy? no

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) A. S. [Signature] M. D.  
 (Address) Humansville, 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.

MISSOURI STATE BOARD OF HEALTH IS A PERMANENT RECORD



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26257  
Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 703  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4424 Registered No. \_\_\_\_\_  
 (c) City Humansville (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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 George Dell Allen

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
59 4 25-

OCCUPATION

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.  
 10. 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22-1918

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...

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

acute nephritis

Date of onset

Other contributory causes of importance:

followed a chronic nephritis and an old acute Stenosis of several months duration

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) A J Stufflebaum, M. D.

(Address) Humansville Mo

REGISTRATION SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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.

SUPPLEMENT

