

REC'D OCT 18 1938

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

32672
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 5-08
(b) Township _____ Primary Registration District No. 3026 Registered No. 291
(c) City Leillicothe (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

Archie G. Allen 450
(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 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 Leathrine Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 6 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Yuba Mo

FATHER 13. NAME David Allen

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

MOTHER 15. MAIDEN NAME Nannie Duvilla

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

17. INFORMANT (ADDRESS) Charles Allen
Leillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hutchison DATE Sept 11, 1938

19. FUNERAL DIRECTOR (ADDRESS) James Sobon
Leillicothe Mo

20. FILED Sept 28 1938 Donald M. Damsel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1938, to Sept 9, 1938.
I last saw him alive on Sept 9, 1938. Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:

Malignant endocarditis
(Streptococcus hemolyticus) Date of onset 11/17/38

Other contributory causes of importance: Unknown

Name of operation None Date of _____
What test confirmed diagnosis? Chemical 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) W. W. [unclear] M. D.
Charles W. [unclear] (Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, James D Gordon, Licensed Embalmer No. 1870
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James D Gordon
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed James D Gordon
Licensed Embalmer No. 1870

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.)