

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001

City

St. Joseph (No. State Hospital No. 4)File No. 38602Registered No. 1106

St.

Ward)

2. FULL NAME

(a) Residence, No. Oregon mo. St. Oregon mo Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 7 mos. 4 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)

Single

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

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

Apr. 22, 1880

7. AGE

YEARS 58MONTHS 6DAYS 12

If LESS than 1 day, hrs. or min.

OCCUPATION

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

none

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) (STATE OR COUNTRY)

Missouri

MOTHER FATHER

13. NAME

Elisha P. Allen

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

Pennsylvania

15. MAIDEN NAME

Anna M. Blatterberg

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

Ohio

17. INFORMANT (ADDRESS)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oregon mo DATE Oct 7, 1938

19. UNDERTAKER (ADDRESS)

Rector Pelley
Oregon mo

20. FILED

11-5 1938 R. J. Kuhlman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 6th 1937, to Nov. 4, 1938I last saw him alive on Nov. 4, 1938 Death is said to have occurred on the date stated above, at 7:35 P. M.

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

Pyelo nephritis

Date of onset

?

Other contributory causes of importance:

Name of operation

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?

If so, specify

(Signed) R. Kuhlman M. D.(Address) State Hosp. No. 2

STATEMENT BY LICENSED EMBALMER

I, Ralph C. Mone, Licensed Embalmer No. 1743
hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by me.

or by _____, Registered Apprentice No. _____

(Signed) Ralph C. Mone
Licensed Embalmer No. 1743

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