

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 236

County Dade

Registration District No. 236

File No. 42881

Township Rock Prairie

Primary Registration District No. 3321

Registered No.

City Everton

(No.)

St.

Ward)

2. FULL NAME John C. 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

White

5. SINGLE, MARRIED, WIDOWED, OR

Single

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

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

3-17-1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ... hrs.

or min.

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

Farmer

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) Year ago

11. Total time (years)
spent in this Years
occupation

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

Jackson County, Tenn.

13. NAME

William R. Allen

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

Jackson Co. Tenn.

15. MAIDEN NAME

Martha Roberts

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

Jackson Co. (?) Tenn.

17. INFORMANT
(ADDRESS)

W. L. Allen,
Everton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fullington Cemetery 12/15/38

19. UNDERTAKER
(ADDRESS)

A. Galbraith,

20. FILED

12-16 1938 Grove, Mo.
Miss G. Stapp
Registrar

MEDICAL CERTIFICATE OF DEATH

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

12/14 1938

22. I HEREBY CERTIFY That I attended deceased from

Nov 20 1938, to Dec 14 1938

I last saw him alive on Dec 14 1938 Death is said

to have occurred on the date stated above, at 6:45 p.m.

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

Arteriosclerosis Gastric Ulcer

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? chem Was there an autopsy? 0

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0 1938

Where did injury occur? 0

(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)

(Address)

M. D.

