

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

JAN 11 1939

42999

Do not use this space.

1. PLACE OF DEATH

(a) County DunklinRegistration District No. 282(b) Township UnionPrimary Registration District No. 5401Registered No. 33

(c) City

(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

(a) Residence, No. John Luke Allen St. ☐

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

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

Gora Allen

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

Jan 21-1908

7. AGE

YEARS

30

MONTHS

9

DAYS

10

If LESS than 1

day,

hrs.

or min.

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)

Campbell Mo.

FATHER

13. NAME

Alfred Allen

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

Columbus Ky

MOTHER

15. MAIDEN NAME

Ellen Bishop

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

Malden Mo.

17. INFORMANT

(ADDRESS)

J. A. AllenWalden Mo. Rt 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Vincent cemetery

DATE

11-2-1938

19. FUNERAL DIRECTOR (NAME)

(ADDRESS)

none

20. FILED

Nov 1-1938E. W. Anderson

Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

Nov. 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Sept 15, 1938, to Nov 1, 1938I last saw him alive on Oct 26, 1938

Death is said

to have occurred on the date stated above, at 11 P. m.

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

Concuss of Rectum

Other contributory causes of importance:

NoneName of operation NoneWhat test confirmed diagnosis? PyWas there an autopsy? no

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

Accident, suicide, or homicide?

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) J. Raymond Coulter, M. D.(Address) Malden

RECEIVED
District Health Officer No. 3
District File Number 38-29
Date Filed 12-16-38

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District Health Officer No. 3
District File Number 38-29
Date Filed 12-16-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

Registered Apprentice No. working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.