

REC'D JAN 6 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

44892

1. PLACE OF DEATH

County Wright
 Township Boone
 City _____ (No. _____)

Registration District No. 906
 Primary Registration District No. 6224

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

450 Unnamed Infant Allen

(a) Residence, No. Grave Spring, Star Route St., Ward _____
 (Usual place of abode)

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. (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)

Single

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

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

Dec. 31, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 8 hrs. or 8 min.

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

Infant

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)

Wright County, Boone Twnsh.
Missouri

13. NAME

Lucien Dewey Allen

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

Wright County
Mo.

15. MAIDEN NAME

Alta Mildred Weaver

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

Webster County
Missouri

17. INFORMANT (ADDRESS)

Lucien Dewey Allen
Grave Spring, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. UNDERTAKER (ADDRESS)

Family

20. FILED

19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 31, 193822. I HEREBY CERTIFY, That I attended deceased from December 31, 1938, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

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

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

Stillborn - death due to
Asphyxia from Cord Compression.

Date of onset
12/31/38

Other contributory causes of importance:

Disproportion (Wt. 14 lbs) &
Operative Delivery -

Name of operation Version & Extraction

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? No

If so, specify _____

(Signed)

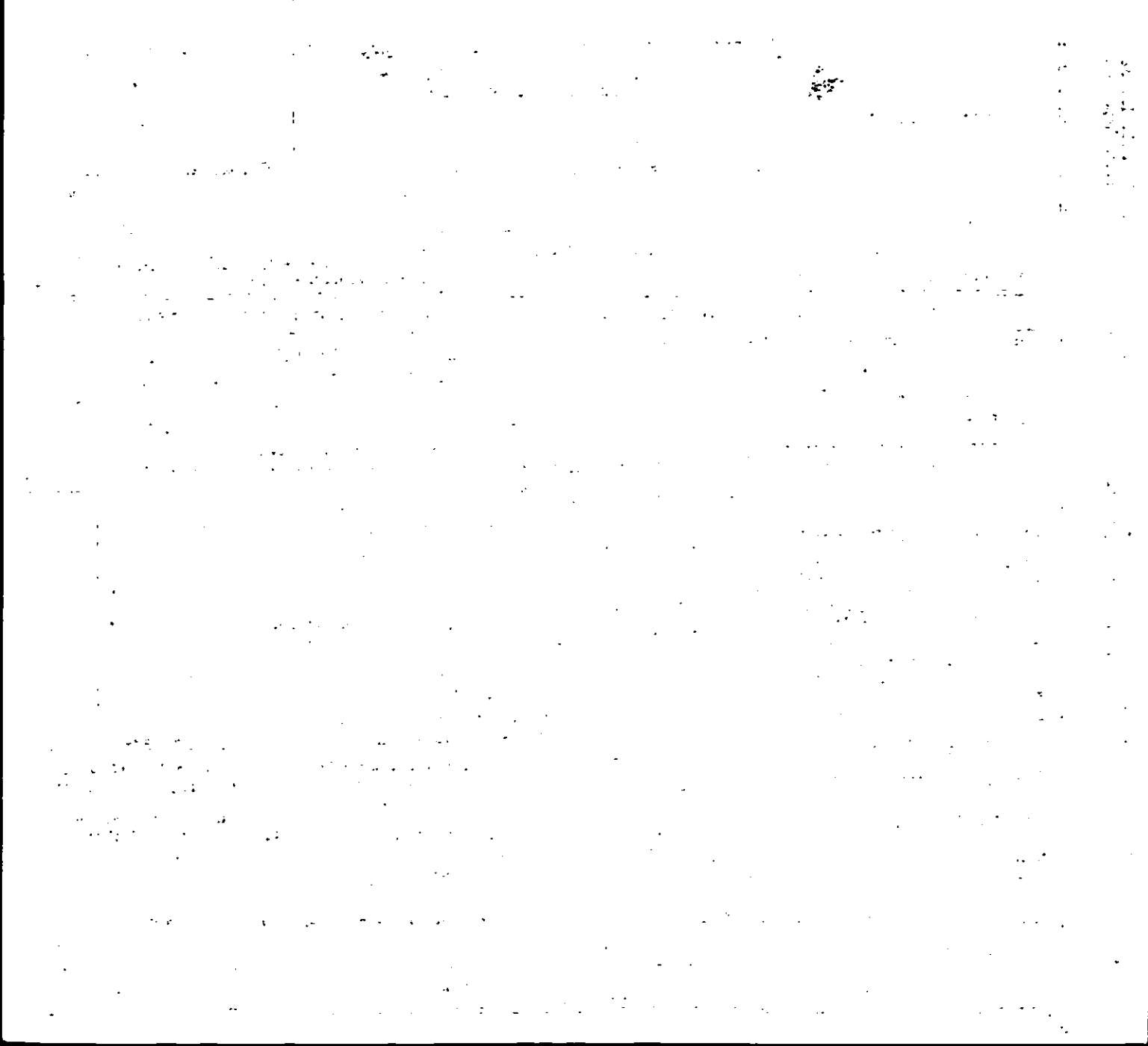
C. P. Macdonnell
Marshfield, Mo.

M. D.

(Address)

Marshfield, 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.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

44892
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1. PLACE OF DEATH

(a) County Wright
(b) Township Boone
(c) City

Registration District No. 906
Primary Registration District No. 6224

Registered No. 5

(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

(a) Residence, No. Un-named infant allen St. Boone Spring Star Route
(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 1938

7. AGE YEARS 7m MONTHS 11 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) Wright Co Mo (STATE OR COUNTRY)

13. NAME Lucien Dewey Allen

14. BIRTHPLACE (CITY OR TOWN) Wright Co Mo (STATE OR COUNTRY)

15. MAIDEN NAME Alta Mildred Weaver

16. BIRTHPLACE (CITY OR TOWN) Webster Co Mo (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Lucien Dewey Allen
Boone Spring Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave Spring DATE Jan 1 1939

19. FUNERAL DIRECTOR (ADDRESS) Family

20. FILED Mr 24 1939 Carlyle Ellis Local Registrar

MEDICAL CERTIFICATE OF DEATH

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Stillborn-death due to asphyxia from cord compression

Other contributory causes of importance: Disproportion (wt 14 lbs) operative delivery

Name of operation version & extraction 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) C B McDermott, M. D.

(Address) Marshfield Mo

Classification

Q. M.

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