

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**

15406  
Do not use this space.

DEAD MAY 22 1939

**1. PLACE OF DEATH**

(a) County LINN Registration District No. 496  
 (b) Township YELLOW CREEK Primary Registration District No. 5670  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
 (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**

450 WILLIAM ALLEN  
 (a) Residence, No. 6 mi. N. St Catherine. St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 22, 1866</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>4</u>
	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation <u>50</u>
	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) <u>April, 1939</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pike County Illinois</u>		
FATHER	13. NAME <u>James W. Allen</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
MOTHER	15. MAIDEN NAME <u>Mary Ann Lloyd</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>	
17. INFORMANT <u>C. C. Briggs</u> (ADDRESS) <u>St Catherine, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Switzer Chapel Cem. St. Catherine, Mo.</u> (ADDRESS) DATE <u>Apr 27, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Truck Funeral Home Brookfield, Mo.</u>		
20. FILED <u>May 1 - 1939</u> <u>James W. Allen</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 1939

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939 to April 25, 1939. I last saw him alive on April 23, 1939. Death is said to have occurred on the date stated above, at 10:30 P.  
 The principal cause of death and related causes of importance were as follows:  
myocarditis  
nephritis  
 Date of onset years 11

Other contributory causes of importance: 131

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) Dr. W. H. Pritchard  
 (Address) Brookfield Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-832

Date Filed MAY 3 1939

**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 H. B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, Ma

**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.**