REC'D AUG 1 1939

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

26282
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi 3 Registration District No. 566
(b) Township Gywappity 1 Primary Registration District No. 5762 Registered No. 71
(c) City Charleston (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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 451 Joe Allen
(a) Residence, No. Charleston R#2 Box 161 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): about 1909
7. AGE: About 30 YEARS, MONTHS 4, DAYS 4 — 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.: Farmer
10. Date deceased last worked at this occupation (month and year): 7/12/39
11. Total time (years) spent in this occupation: 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi 1

FATHER
13. NAME: Joseph Allen 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known 9

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Esau Anderson Charleston, Mo
18. BURIAL, CREMATION, OR REMOVAL: Oak Grove Cemetery
PLACE Charleston Mo DATE 7/13 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Lair-Nunnelee Funeral Service Charleston Mo.
20. FILED 7-14- 1939 F S Vernon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7/12, 1939
22. I HEREBY CERTIFY, That I attended deceased from View Inquest, 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:
Drowned Hz fell out of inside boat while fishing and drowned
Date of onset
Other contributory causes of importance:
Name of operation: None Date of .....
What test confirmed diagnosis: View Inquest Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ....., 19....
Where did injury occur? Miss County Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Out in County in Levee Barpit
Manner of injury: Miss County
Nature of injury: Drowned in Barpit
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Frank S Vernon, M. D.
745 (Address) Charleston Mo Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
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.
I X14028

RECEIVED
District Health Officer No. 2
District File Number 239-90
Date Filed 2-31

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.