

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

38912

Do not use this space.

1. PLACE OF DEATH

(a) County BARRY Registration District No. 34
 (b) Township LIBERTY Primary Registration District No. 5050
 (c) City EXETER (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

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MARY ALLMAN</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 25 1866</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>10</u>	DAYS <u>23</u>
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. <u>Farmer</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>Life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wheaton MISSOURI</u>		
FATHER	13. NAME <u>Joseph ALLMAN</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>INDIANA</u>	
15. MAIDEN NAME <u>MARY SHOE</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>INDIANA</u>		
17. INFORMANT <u>Addie Allman</u> (ADDRESS) <u>Wheaton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maudsley Cem</u> DATE <u>Sept 20, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Pogue & Son</u> (ADDRESS) <u>Wheaton, Mo.</u>		
20. FILED <u>Nov. 10, 1939</u> <u>Mrs. H. P. Sealey</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1 1938 to Sept 17 1939
 I last saw him alive on Sept. 17 1939. Death is said to have occurred on the date stated above, at 9 P. m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris
Essential Hypertension
Prostatic Hypertrophy
 Date of onset ?

Other contributory causes of importance
Essential Hypertension
Prostatic Hypertrophy

Name of operation _____ 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) Dr. Daniel W. B. B.
 (Address) Crossville, 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.

RECEIVED

District Health Officer No. 6,

District File Number 1239-2529

Date Filed DEC 7 1938

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

Wm Morris Payne

Registered Apprentice No. _____

working under my personal supervision.

Signed

Wm Morris Payne

Licensed Embalmer No. 3487

P. O. Address Wheaton

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.