

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.

Do not use this space.

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

75

FILED FEB 7 1940

3250

1. PLACE OF DEATH  
 County Oregon Registration District No. 632  
 Township Oak Grove Primary Registration District No. 2847  
 City 450 Donald (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Donald Joe Allen  
 (a) Residence, No. Thayer, Mo. Rt. 1 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-7-1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>3</u>	<u>15</u>	

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) Oklahoma

13. NAME Thayer Allen

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

15. MAIDEN NAME Jewell Cardona Allen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Thayer, Mo.

17. INFORMANT (ADDRESS) Jennie Owens, Thayer, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE any Cem. DATE Dec. 23, 1939

19. UNDERTAKER (ADDRESS) none

20. FILED Feb. 7, 1940 George Johnson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1939, to 12-22, 1939  
 I last saw him alive on Dec 20, 1939. Death is said to have occurred on the date stated above, at 8:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Extero-Obelitis  
 Other contributory causes of importance: 114 lbs

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? No  
 If so, specify \_\_\_\_\_  
 (Signed) H. D. Hull, M. D.  
 (Address) Memphis Spring Ark

Date of onset

