

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.

JAN 13 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

3986

1. PLACE OF DEATH

County

Shannon

Registration District No.

832

Township

0

Primary Registration District No.

City

Warrens Mo

(No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

1450

Jovin C Allen

(a) Residence, No.

Same

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Carrie M Allen

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

Oct 16-1867

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

72

4

16

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Farmer

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)

Poughkeepsie, NY

MOTHER FATHER

13. NAME

Samuel A Allen

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

Unknown

15. MAIDEN NAME

Sarah J Barner

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

Unknown

17. INFORMANT (ADDRESS)

Carrie M. Allen

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Warrens Mo

DATE

Jan 4 1940

19. UNDERTAKER (ADDRESS)

W. C. Orr

20. FILED 1-3-

1940 Frank Hyde MD

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 2 1940

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1 1940 to Jan 2 1940

I last saw him alive on Jan 1 1940 Death is said

to have occurred on the date stated above, at 8:05 A.M.

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

Myocarditis

Date of onset

Other contributory causes of importance:

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) Frank Hyde M.D.

744 (Address) Eugene M.

RECEIVED

District Health Officer No. 5,

District File Number 140 99

Date Filed 11 2 40