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

Do not use this space.

10576

1. PLACE OF DEATH
County *Carter*
Township *Johnson*
City *Grandin* (No.)

Registration District No. *145*
Primary Registration District No. *5208*

File No.
Registered No. *2*
St. Ward)

2. FULL NAME *James Sanford Allen*

(a) Residence. No. St., Ward.
(Usual place of abode)
(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. ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX *M* **4. COLOR OR RACE** *W* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) *Infant*	**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) *3—14* 19*40*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	**22. I HEREBY CERTIFY,** That I attended deceased from *3—13*, 19*40*, to *3—14*, 19*40*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 30-1940*	I last saw h— alive on *3—13* 19*40* Death is said to have occurred on the date stated above, at *4* A. m.
7. AGE YEARS *1½* MONTHS DAYS If LESS than 1 day, ...hrs. or ...min.	The principal cause of death and related causes of importance were as follows: Date of onset

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. *Infant*

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Accidental Suf-focation

Other contributory causes of importance: *182*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Grandin Mo*

FATHER
13. NAME *James Sanford Allen*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Doniphan Mo*

MOTHER
15. MAIDEN NAME *Grace Oen*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Hunter Mo*

Name of operation Date of
What test confirmed diagnosis? 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.

17. INFORMANT (ADDRESS) *James Allen Grandin Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *MacRan* DATE *3—14* 19*40*

19. UNDERTAKER (ADDRESS) *Lula Lamy Grandin Mo*

20. FILED *3—14* 1940 *Loyal E Wood* Registrar.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) *J. W. Burton* M. D.
(Address) *Van Buren Mo*

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At home asleep with mother—

S. No. 2B
4—2-21-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10576

Registration District No. 145

Primary Registration District No. 3208

Registrar's No.

1. PLACE OF DEATH:
   (a) County Carter
   (b) City or town Johnson
   (If outside city or town limits, write "RURAL" and name of township)
   (c) Name of hospital or institution:

   (If not in hospital or institution, write street number or location)
   (d) Length of stay: In hospital or institution
   In this community
   years, months or days (Specify whether)

3. (a) PRINT FULL NAME James Sanford Allen

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex m   5. Color or race w   6. (a) Single, widowed, married, divorced mf

6. (b) Name of husband or wife

6. (c) Age of husband, or wife, if alive years

7. Birth date of deceased
   (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
          | 1½ | | hr. ___ min.

9. Birthplace
   (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER { 12. Name
        { 13. Birthplace
          (City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name
        { 15. Birthplace
          (City, town, or county) (State or foreign country)

16. (a) Informant
    (b) Address

17. (a) _____ (b) Date thereof
    (Burial, cremation, or removal) (Month) (Day) (Year)
    (c) Place: burial or cremation

18. (a) Signature of funeral director
    (b) Address

19. (a) _____ (b) _____
    (Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
   (a) State _____ (b) County
   (c) City or town
   (If outside city or town limits write "RURAL")
   (d) Street No.
   (If rural, give location)
   (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 14 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___; that I last saw h___ alive on _____, 19___ and that death occurred on the date and hour stated above.
    Immediate cause of death accidental suffocation at home in the night while asleep at mothers side

    Due to

    Due to

    Other conditions 152 116
    (Include pregnancy within 3 months of death)

    Major findings:
    Of operations
    Of autopsy

    Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
    (a) Accident, suicide, or homicide (specify)
    (b) Date of occurrence
    (c) Where did injury occur?
        (City or town) (County) (State)
    (d) Did injury occur in or about home, on farm, in industrial place, in public place?
    While at work? _____ (Specify type of place) Means of injury

23. Signature Wm H Burton (M. D. or other)
    Address Van Buren, Mo Date signed

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