

OCT 12 1940

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 125

Township

Primary Registration District No. 3009

City Cape Girardeau

(No. St. Francis Hospital)

File No. 31621

Registered No. 318

St.

Ward)

2. FULL NAME Horace B. Allen

(a) Residence, No. Gran, Missouri

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.

2

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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR WIFE OF)

Edith Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 3, 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, ... hrs.
or min.

33

6

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)

Sept. 15, 1940

11. Total time (years)
spent in this
occupation

Life

12. BIRTHPLACE (CITY OR TOWN) Johnson County
(STATE OR COUNTRY) Arkansas

FATHER

13. NAME Richard Allen

14. BIRTHPLACE (CITY OR TOWN) Johnson County, Ark.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Ethel Payne

16. BIRTHPLACE (CITY OR TOWN) Johnson County, Ark.
(STATE OR COUNTRY)

17. INFORMANT J. P. Allen
(ADDRESS) Matthews, Mo.

18. PLACE OF INTERMENT OR REMOVAL

Clarksville, Ark. DATE 9/21/40

19. UNDERTAKER H. J. Welsh
(ADDRESS) Sikeston, Mo.

20. FILED 9-20 1940 J. M. Thompson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/19, 1940

22. I HEREBY CERTIFY, That I attended deceased from 8/12, 1940, to 9/19, 1940

I last saw him alive on 7/19, 1940. Death is said

to have occurred on the date stated above, at 1:05 P. m.

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

Bilateral Polycystic
disease of kidneys -

Date of onset

Other contributory causes of importance:

Constitutional origin

Name of operation None

Date of

What test confirmed diagnosis? Physician Was there an autopsy? Yes

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) P. M. Thompson

(Address) Cape Girardeau, Mo.

The body as shown on the reverse side was embalmed by me.



H. J. Welsh

L. #. 774

WSikeston, Mo.