

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

PLACE OF DEATH
County Livingston
Township Grandriver
or Village Bedford
or City _____ (No. _____ St.; _____ Ward)

Registration District No. 1076 File No. 30034
Primary Registration District No. 5681 Registered No. 4

FULL NAME Charles N. Allen

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS			
SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> <small>(Write the word)</small>	
DATE OF BIRTH <u>Feb 21, 1835</u> <small>(Month) (Day) (Year)</small>			
AGE <u>77</u> yrs. <u>6</u> mos. <u>7</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?	
OCCUPATION (a) Trade, profession, or particular kind of work <u>Doctor or Physician Organic Disease of Heart</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>General Practitioner</u>			
BIRTHPLACE (City or town, State or foreign country) <u>Myers co, Kentucky</u>			
PARENTS	NAME OF FATHER <u>Grant Allen</u>		
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Kentucky</u>		
	MAIDEN NAME OF MOTHER <u>Kathryn Ware</u>		
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Kentucky</u>		

MEDICAL CERTIFICATE OF DEATH	
DATE OF DEATH <u>Sept 1, 1912</u> <small>(Month) (Day) (Year)</small>	
I HEREBY CERTIFY, that I attended deceased from <u>April</u> , 191 <u>2</u> , to <u>Aug 30</u> , 191 <u>2</u> , that I last saw him alive on <u>July 29</u> , 191 <u>2</u> , and that death occurred, on the date stated above, at <u>2 P.m.</u>	
The CAUSE OF DEATH* was as follows: <u>Organic Disease of Heart</u>	
Contributory (SECONDARY) <u>Sept 1, 1912</u> (Duration) <u>5</u> yrs. <u>—</u> mos. <u>—</u> ds.	
Signed) <u>W. H. Srope</u> M. D. <u>Sept 1, 1912</u> (Address) <u>Wheeling Mo</u>	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
Where was disease contracted if not at place of death? Former or usual residence _____	
PLACE OF BURIAL OR REMOVAL <u>Bedford Mo</u>	DATE OF BURIAL <u>Sept 2, 1912</u>
UNDERTAKER <u>F. J. Smiley</u>	ADDRESS <u>Wheeling Mo</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) X Mrs Dr. Allen
(ADDRESS) Bedford Mo
Filed Sept 2, 1912 E. C. Pearson
REGISTRAR

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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.

MISSOURI STATE BOARD OF HEALTH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Livingston
Township Grand river
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 1076 File No. 30034
Primary Registration District No. 5681 Registered No. 7

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Chas. W. Allen

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED married
WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Feb. 21, 1835
(Month) (Day) (Year)

AGE 77 yrs 6 mos 7 ds. IF LESS than 1 day, hrs. or min.

OCCUPATION (a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Mercer Co. Ky.

NAME OF FATHER Grant Allen

BIRTHPLACE OF FATHER (City or town, State or foreign country) Kentucky

MAIDEN NAME OF MOTHER Katharine Ward

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Kentucky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Dr. Allen

(ADDRESS) Bedford, Mo.

Filed Nov 9 1912 E. C. Pearson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 1, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from April, 1912, to Aug. 30, 1912, that I last saw him alive on July 29, 1912, and that death occurred, on the date stated above, at 2 p. m.

The CAUSE OF DEATH* was as follows:
Organic Disease of heart
Mitral Regurgitation
Heart (Duration) 5 yrs. — mos. — ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. — mos. — ds.

(Signed) [Signature] M. D. Sept. 1, 1912 (Address) Wheeling, Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted If not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Bedford, Mo. DATE OF BURIAL Sept. 2, 1912

UNDERTAKER F. L. Smiley ADDRESS Wheeling, Mo.

Original file, date SEP 21 1912 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

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