DEC 27 1928

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

Do not use this space.

37245

1. PLACE OF DEATH
County Jasper. Registration District No. 408
Township Marion Primary Registration District No. 3020
City Carthage Mo (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Robert Allen.
(a) Residence. No. 611 Limestone St., ... 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. mos. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: no data

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 21 1852

7. AGE: 76 YEARS, 7 MONTHS, — DAYS. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Ret Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer): Farming.
(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky.

PARENTS
10. NAME OF FATHER: Unknown.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Carl L. Allen.
(Address) 508 N. Maple St.

15. FILED 11/10 1928 C. M. Ketcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1928, to Nov 10 1928 that I last saw him alive on Nov 10, 1928, and that death occurred, on the date stated above, at 9:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr Pulmonary Tuberculosis following Influenza
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY): none
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Positive Sputum
(Signed) H A LaForce, M.D.
Nov 12 1928 (Address) Carthage Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR~~ REMOVAL: Sallisaw, Okla
DATE OF BURIAL: Nov 12 1928

20. UNDERTAKER: Elmer-Drake
ADDRESS: Carthage

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.