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

Do not use this space.

33497

1. PLACE OF DEATH
County ANDREW
Township ROCHESTER
City ~~HELENA.~~ (No. , St. Ward)

Registration District No. 16
Primary Registration District No. 5020

File No.
Registered No. 11

2. FULL NAME HOMER LEE 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 5 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

NOV 26 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 6, 1925

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	6	1	14	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) REDDING IOWA.

FATHER
13. NAME CHARLES L. ALLEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNION STAR, MO.

MOTHER
15. MAIDEN NAME ETTA MAY HUBBARD
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KING CITY, MO.

17. INFORMANT Chas. L. Allen
(ADDRESS) HELENA, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE KING CITY, MO. DATE 10/ 21. 1931

19. UNDERTAKER H. E. Wilson.
(ADDRESS) KING CITY, MO.

20. FILED Oct 20 1931 Mrs Bettie Boggess
Registrar.

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MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1931, to Oct 20, 1931

I last saw him alive on Oct 20, 1931. Death is said to have occurred on the date stated above, at 9:45 A.M.

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

	Date of onset
Chronic Rheumatism and Heart trouble	

Other contributory causes of importance:
Enlarged liver.

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? no
If so, specify

(Signed) Chas L. Allen, M. D.
(Address) Gasby Mo