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

Do not use this space.

12319

1. PLACE OF DEATH
County: Grundy — Registration District No. 320
Township: — Primary Registration District No. 3017
City: Trenton (No. ..... St. ..... Ward)

File No.
Registered No.

2. FULL NAME: Fred Dean Allnutt

(a) Residence. No. Dunlap Mo 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Allnutt ~~Mrs Fred Allnutt~~

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 26 - 1877

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	7	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: 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) Mo.

PARENTS
10. NAME OF FATHER Loss Allnutt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY) Do not know 31
12. MAIDEN NAME OF MOTHER Sarah Evans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

14. INFORMANT Orville Allnutt
(Address) Dunlap Mo

15. FILED Apr 18, 1932 E. A. Doffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 16 - 1932

17. I HEREBY CERTIFY, That I attended deceased from April 16, 1932, to April 16, 1932 that I last saw h. alive on April 16, 1932, and that death occurred, on the date stated above, at 11:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis from an obstruction due to adhesion

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (1)
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 16-1932
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) C H Faulkner, M. D.
4-17-, 1932 (Address) Trenton, 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	DATE OF BURIAL
Horny Creek Chapel Ch.	Apr 12 1932
20. UNDERTAKER	**ADDRESS**
R K Payne & Son	Galt Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated in YEARS, MONTHS, DAYS. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.