

OCT 1 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 788

Township Central-Jeff

Primary Registration District No. 4471

City Shrewsbury Park (No. 7317 Brunswick)

File No. 32229

Registered No. 96

2. FULL NAME James H. Allen

(a) Residence, No. 7317 Brunswick Ave., Shrewsbury St., Louis County, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 7 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Emerson Electric

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Aviston
(STATE OR COUNTRY) Illinois

13. NAME Rueben Allen

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Maxwell

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Mrs. Kate Allen
(ADDRESS) 7317 Brunswick Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 8/27/36

19. UNDERTAKER Edith E. Ambrose
(ADDRESS) 4224 Manchester

20. FILED P-26-1936 Jules R. York Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 - 1936, to Aug 25, 1936
I last saw him alive on Aug 25, 1936 Death is said

to have occurred on the date stated above, at 10:10 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Prostate Date of onset 51

Other contributory causes of importance: Chronic Nephritis

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Alton Compton, M. D.
(Address) 1012 1/2 Page Blvd

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.

0
Fort ... - 25-31