

AUG 25 1938

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

25917
Do not use this space.

1. PLACE OF DEATH

(a) County MILLER Registration District No. 56
(b) Township SALINE Primary Registration District No. H330 Registered No. 56
(c) City ELDON (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 ds. (f) How long in U. S., if of foreign birth? - yrs. - mos. - ds.

2. PRINT FULL NAME

FRANK THOMAS ALLEN 450
(a) Residence, No. 2221 DICKSON ST - St. ST LOUIS Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Dont Know
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont Know
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 to 64 / ✓ / - / - / - / -
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. UNEMPLOYED
9. Industry or business in which work was done, as 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) unknown

FATHER 13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Social Security card found on body 498-07-8515

18. BURIAL, CREMATION, OR DISPOSAL PLACE Eldon Cem. DATE 7-15 1938

19. FUNERAL DIRECTOR (ADDRESS) Feist M. Kays

20. FILED 7-13 1938 Belle Haynes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1938

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Left was Extinct when body was found - no evidence of violence - death from natural causes. coroner of Miller Co Mo

Other contributory causes of importance 20012

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify G. D. Walker, M. D.

(Signed) G. D. Walker, M. D. (Address) Eldon Mo.

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.

STATEMENT BY LICENSED EMBALMER

I, Keith M. Kays, Licensed Embalmer No. 3998

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Keith M. Kays
Licensed Embalmer No. 3998

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)