

REC'D SEP 19 1938

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

29427
Do not use this space.

1. PLACE OF DEATH
(a) County MACON Registration District No. 533
(b) Township _____ Primary Registration District No. 3027 Registered No. 49
(c) City MACON (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME STERLING P. ALLEN
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Nora Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26 - 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. MINER
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) MISSOURI
13. NAME GARRETT ALLEN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA
15. MAIDEN NAME LOUISA TERRELL
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VIRGINIA
17. INFORMANT (ADDRESS) Mrs Nora Allen
MACON, MO.
18. BURIAL, CREMATION, OR REMOVAL PLACE WOODLAND DATE JULY 19 - 22 1938
MACON
19. FUNERAL DIRECTOR (ADDRESS) H. J. Lawrence
Lawrence
MACON, MO.
20. FILED 8/12 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July - 19 1938
22. I HEREBY CERTIFY That I attended deceased from June 18 1938 to July 14 1938
Last saw him alive on July 14 1938 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Coronary occlusion July 19 1938
Arterio-sclerosis 1930
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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 J. J. Turner M. D.
(Signed) J. J. Turner (Address) MACON, 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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-105

Date Filed 9-15-88

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

..... Licensed Embalmer No.

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.)