

REC'D JAN 18 1939

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

1514

Do not use this space.

1. PLACE OF DEATH

- (a) County Barry Registration District No. 30
 (b) Township Kings Prairie Primary Registration District No. 5042 Registered No. 1
 (c) City..... (d) Street No..... St.
 (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

- 450 John William 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 Eula Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 3- 6

- OCCUPATION 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. Farmer
 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) Barry Co. Mo.

- FATHER 13. NAME Peter Ross Allen

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

- MOTHER 15. MAIDEN NAME Rebecca Haney

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

17. INFORMANT (ADDRESS) Mrs. Eula Allen
Monett, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE Jan. 12, 1939

19. FUNERAL DIRECTOR (ADDRESS) Blansenship's
Monett - Purdy -

20. FILED 1-11- 1939 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937 to Jan. 10, 1939
 I last saw him alive on Dec. 25, 1938 Death is said to have occurred on the date stated above, at 8:00 p.m.

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

angina pectoris Date of onset Nov. 1, 37

Other contributory causes of importance:

arterio-sclerosis
myocarditis

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?.....

If so, specify Ernest Mitchell M. D.
 (Signed).....

21 (Address) Monett Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50 M-7-20-37 I X12004

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, L. H. Blankenship —————, Licensed Embalmer No. 2397

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.)