

REC'D AUG 18 1939

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

26293  
Do not use this space.

1. PLACE OF DEATH **3**  
 (a) County **MONROE** Registration District No. **582**  
 (b) Township **1** Primary Registration District No. **4344** Registered No. **30**  
 (c) City **TAYLOR** (d) Street No. **IN HIGH WATERS 1/2 MI. BELOW COVERED BRIDGE, TAYLOR MO.**  
 (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.  
**450** **BILLYE KURT ALLEN**  
 2. PRINT FULL NAME  
 (a) Residence, No. **TAYLOR, MO.** 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) **SINGLE**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **✓**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **APR. 23, 1926**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**13 3 3**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **IN SCHOOL**  
 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) **TAYLOR, MO.**

FATHER 13. NAME **CHAS. M. ALLEN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MONROE Co., MO.**

MOTHER 15. MAIDEN NAME **WILMA MORRIS**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **WAVELLY, ILL.**

17. INFORMANT **Mrs. DOWNING BARKLEY** (ADDRESS) **TAYLOR, MO.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **WALNUT GROVE** DATE **JULY 28, 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **SPEED + BLAXEY** **TAYLOR, MO.**

20. FILED **7-27-39** **F. A. Barnett, M.D.** (Signature) Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JULY 26, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **2**, 19**39**, to **2**, 19**39**.

I last saw him **alive on about 1939**. Death is said to have occurred on the date stated above, at **2:30 P.** m.

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

**Asphyxiation while wading July 26/39 in very shallow water of salt pond in park grounds of town.**

Other contributory causes of importance: **187**

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**39**.

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

(Signed) **Russell M. Gibson, County**

(Address) **MONROE CITY, 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 8-39-1467

Date Filed AUG 9 1939

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision. y

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, Mo.

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.)

If this body is not embalmed, above space should be left blank.