

JUL 30 1937

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

Do not use this space.

24356

1. PLACE OF DEATH

County *Monticau*
Township *Waller*
City *California* (No.)

Registration District No. *571*
Primary Registration District No. *4335*

File No.
Registered No. *28* St. Ward)

2. FULL NAME

James Richard Allen

(a) Residence, No. St. Ward.
(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 *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 16 - 1856*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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) *Monticau Co*

13. NAME *Thomas Allen*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monticau*

15. MAIDEN NAME *Mary Ann Deuchman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monticau*

17. INFORMANT (ADDRESS) *Ray Allen California*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cem* DATE *6/28/37*

19. UNDERTAKER (ADDRESS) *H. H. Popejoy California*

20. FILED *6-28-1937* *H. H. Popejoy* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 27 1937*

22. I HEREBY CERTIFY, That I attended deceased from *several months* to *June 26 - 1937*, 19....

I last saw him alive on *June 26 - 1937* Death is said to have occurred on the date stated above, at *7:20 AM* m.

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

*arterio sclerosis
chronic nephritis* (Date of onset)

Other contributory causes of importance:

131

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

(Signed) *Leshley M Gray*, M. D.
(Address)

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

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.

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