

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

Do not use this space.

33768

1. PLACE OF DEATH

66 County Monticure Registration District No. 571
Township Waller Primary Registration District No. 5709
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 61

2. FULL NAME

Sylvestar Allee
(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Stella Allee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 20, 1899</u>		
7. AGE <u>60</u>	YEARS <u>6</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farming</u>
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) <u>Cooper Co Mo</u>		
13. NAME <u>Thas & Allee</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monticure Mo</u>		
15. MAIDEN NAME <u>Hill</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT <u>Miss J. M. Wagon</u> (ADDRESS) <u>Lathams Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Flay Springs</u> DATE <u>10-29-1933</u>		
19. UNDERTAKER <u>L. L. Latham & Greedmeyer</u> (ADDRESS) <u>California</u>		
20. FILED <u>10-28-1933</u> <u>F. R. Popejay</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 26, 1933, to Oct 27, 1933
I last saw him alive on Oct 27, 1933 Death is said to have occurred on the date stated above, at 1200 hrs.
The principal cause of death and related causes of importance were as follows:
Carcinoma of bowels. (Cecum)
46
12.7
Other contributory causes of importance: Acute peritonitis due to perforation
Name of operation Exploratory laparotomy Date of Oct 27
What test confirmed diagnosis? Spontaneous 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.
no
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) L. L. Latham, M. D.
(Address) California

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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49

