

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.

NOV 27 1936

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

Do not use this space.

1. PLACE OF DEATH  
 County Monticau Registration District No. 521  
 Township Walker Primary Registration District No. 4335  
 City California St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME John P. H. 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.

File No. 40356  
 Registered No. 77

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) Feb 9 - 1854  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
81 9 23  
 OCCUPATION  
 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. Mo  
 FATHER  
 13. NAME Presley Allee  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kef  
 MOTHER  
 15. MAIDEN NAME Rebecca Mc Kissick  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know  
 17. INFORMANT Robt. B. Allee  
 (ADDRESS) California Mo  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Flas Spring DATE 12/3 1935  
 19. UNDERTAKER W. L. Lacey & Fried Meyer  
 (ADDRESS) California Mo  
 20. FILED 12-5-1935 J. R. Popejoy  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1935  
 22. I HEREBY CERTIFY, That I attended deceased from August 17th, 1934, to December 2, 1935.  
 I last saw him alive on November 30, 1935. Death is said to have occurred on the date stated above, at 9 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Degeneration of prostate  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: SI  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. P. Smith, M. D.  
 (Address) California, Mo

