

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

Do not use this space.

1. PLACE OF DEATH

68 County Moniteau Registration District No. 571
 Township Walley Primary Registration District No. 5769
 City (No. St. Ward)

File No. 3479
 Registered No. 2

2. FULL NAME

Larry Wane Allen 400
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6th - 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
2

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) Moniteau County

13. NAME Alvin Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau County

15. MAIDEN NAME Florence Birdsong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co.

17. INFORMANT Alvin Allen
 (ADDRESS) Moniteau County

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Flag Springs DATE 1/8 1938

19. UNDERTAKER W. J. Davis & Friedmeyer
 (ADDRESS) California Mo

20. FILED 1-8-38 A. H. Debevoise Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 6 1938 to Jan. 8 1938
 I last saw him alive on Jan 7 1938 Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Aspiration Pneumonia Date of onset

Other contributory causes of importance:

Labile Venison
Aspirant extraction
Small flat chested mother.

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) K. J. Obenon S. D. (Address) California 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

FEB 28 1938

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MO. STATE BOARD OF HEALTH