

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

Do not use this space.

JAN 21 1937

45540

1. PLACE OF DEATH

County Monteagle  
Township Pilot Grove  
City (No. . . . .) St. . . . . Ward)

Registration District No. 577  
Primary Registration District No. 5775

File No. . . . .  
Registered No. 17

2. FULL NAME William 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</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>Mrs Henry Allee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10 6 15 1875 Monteagle</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>11</u>	DAYS <u>28</u>
		If LESS than 1 day, . . . . . hrs. or . . . . . min.

OCCUPATION	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.
	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) Monteagle Co Mo

MOTHER FATHER 13. NAME John P. H. Allee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteagle

MOTHER FATHER 15. MAIDEN NAME Mary Cunningham

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kep

17. INFORMANT (ADDRESS) Mrs Henry Allee

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Spring DATE 12/15 1936

19. UNDERTAKER (ADDRESS) Hillman & Fireman

20. FILED Dec 18 1936 Monteagle Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 22 1936 to Dec 13th, 1936

I last saw h. Dec 11, 1936 alive on . . . . . 19. . . . . Death is said

to have occurred on the date stated above, at 8 A. m.

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

Embolism of h. eart which was caused from Phlebitis of left leg. which Phlebitis was, in turn, the direct result of an Automobile accident which occurred Nov, 22 1936 near Syracuse, Mo.

Other contributory causes of importance:

Date of onset

Name of operation none Date of . . . . .

What test confirmed diagnosis? . . . . . Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? W 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) G. S. Nelson, M. D.

(Address) Fortuna

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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**1. PLACE OF DEATH**

County Monteau  
Township Palat Grove  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 577  
Primary Registration District No. 5775

File No. \_\_\_\_\_  
Registered No. 17

**2. FULL NAME**

William 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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
60 11 28

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) \_\_\_\_\_

FATHER  
13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

MOTHER  
15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED 2-20-37 Nadine Latham Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Embolism of heart which was caused from phlebitis of left leg which phlebitis was in the direct result of an auto accident

Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Passenger in the car at time of accident

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) G. S. Wilson, M. D.

(Address) Fortuna \_\_\_\_\_

SUPPLEMENTAL

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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