

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

Do not use this space.

MAR 27 1935

9915

1. PLACE OF DEATH

County Monitau

Registration District No. 1098

Township Morrow

Primary Registration District No. 3776

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

Lewis Herbert 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

Male

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Apr 26 - 1875

7. AGE

YEARS

59

MONTHS

10

DAYS

7

If LESS than 1 day, _____ hrs. or _____ min.

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)

Monitau Co

13. NAME

Thomas Allee

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

Monitau

15. MAIDEN NAME

Sally A Birdsong

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

Monitau Co

17. INFORMANT

(ADDRESS)

Lillie Moore
Clarkeburg mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Log Spring

DATE

3/3

1935

19. UNDERTAKER

(ADDRESS)

W. H. Meyer & Fred Meyer
California mo

20. FILED

3-3

1935

J. L. Martin

Registrar

MEDICAL CERTIFICATE OF DEATH

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

3-2-1935

22. I HEREBY CERTIFY, That I attended deceased from

1-15-1935 to 3-2-1935

I last saw him alive on 2-27-1935 Death is said

to have occurred on the date stated above, at 10:00 m.

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

Myocardial infarction
of the lungs

Date of onset

Other contributory causes of importance:

of the lungs

Name of operation

George

Date of

What test confirmed diagnosis?

clinical

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)

H. R. Pope

M. 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.

[illegible]

...the

[illegible]