

FEB 4 1936

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

Do not use this space.

655

## 1. PLACE OF DEATH

County Cole  
Township Mason  
City (No. )

Registration District No. 211  
Primary Registration District No. 5291

File No. ....  
Registered No. 2  
St. .... Ward)

## 2. FULL NAME

William Samuel Allen  
(a) Residence, No. Centertown RFD #2 St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5 1884  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
52 0 21

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. ....  
farmer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raymondville Mo13. NAME Samuel C Allen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Mattha J. Beard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT C Allen

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Hope DATE 1/26 193619. UNDERTAKER (ADDRESS) Hallehaus & Fredmeyer California Mo20. FILED 1/26 1936 H.T. Leach, M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1936

22. I HEREBY CERTIFY, That I attended deceased from July 20 1935 to Jan 25 1936  
I last saw him alive on Jan 25 1936 Death is said to have occurred on the date stated above, at 8:15 am.

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

Chronic myocarditis Date of onset 1930  
Chronic pyelonephritis 1932  
hypertitis

Other contributory causes of importance: 131

Name of operation ..... Date of .....

What test confirmed diagnosis? Chimed 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.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) George J. McFarland, M. D.(Address) Raymondville Mo

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.

