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.

REC'D DEC 16 1938

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

39819
Do not use this space.

1. PLACE OF DEATH
(a) County Miller
(b) Township Saline
(c) City Olean
Registration District No. 561
Primary Registration District No. 5-75-5-13
Registered No. 83
(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Robert E. Lee# Allee

(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2, 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
73	6	9	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. Shopman
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Missouri O

FATHER
13. NAME W. D. Allee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri O

MOTHER
15. MAIDEN NAME Martha Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri O

17. INFORMANT Louiza Allee
(ADDRESS) Olean, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE California, Mo. DATE 11-12 19 38

19. FUNERAL DIRECTOR (NAME) Phillips Funeral Home
(ADDRESS) Eldon, Missouri

20. FILED 11-12 19 38 Belle Haynes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-11-38 19

22. I HEREBY CERTIFY, That I attended deceased from 10/6 19 38 to 11/11 19 38
I last saw h[illegible] alive on 11/6 19 38 Death is said to have occurred on the date stated above, at 7:55 P.M.
The principal cause of death and related causes of importance were as follows:

Apoplexy — Date of onset 11/6/38

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of
What test confirmed diagnosis? Clinical 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) G. D. Wallace, M. D.
(Address) Olean Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Miller County Health Dep't.

County File Number 30

Date Filed 12-14-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

Louis L. Phillips, or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Louis L. Phillips

Licensed Embalmer No. 3663

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.