

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

Do not use this space.

SEP 27 1927

23801

1. PLACE OF DEATH

County Carroll
Township
City Carrollton (No.)

Registration District No. 135
Primary Registration District No. 3010

File No.
Registered No. 65
St. Ward

2. FULL NAME Melvin Herschel William Allwood

(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 F 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) 7-9-1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll County Mo

10. NAME OF FATHER Wardlaw Allwood

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Lima, Mo

12. MAIDEN NAME OF MOTHER Alvena Donnie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co. Mo.

14. INFORMANT Wardlaw Allwood (Address) Lima, Mo.

15. FILED 8-8, 1927 Mrs. C. E. Farnham REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-7 1927

17. I HEREBY CERTIFY, That I attended deceased from 7-20 27, 1927, to 8-7, 1927 that I last saw him alive on 8/7/27, 1927 and that death occurred, on the date stated above, at 7 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro Enteritis
1148
79A

CONTRIBUTORY (SECONDARY) Septic Meningitis (duration) yrs. mos. 17 ds.

(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF BIRTH, ...

DID AN OPERATION PRECEDE DEATH? ... DATE OF ...

WAS THERE AN AUTOPSY? ...

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. B. Scovron, M. D. 8-8, 1927 (Address) Carrollton, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Beek Branch Cemetery DATE OF BURIAL 8-8 1927

20. UNDERTAKER Willis Bros. ADDRESS Carrollton 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.

