

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

Do not use this space.

25568

1. PLACE OF DEATH

County Ray
Township
City Richmond (No.)

Registration District No. 744
Primary Registration District No. 3035

File No.
Registered No. 72
St. Ward)

2. FULL NAME

John Allen
(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>Negro</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. John Allen</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Not known</u>		
7. AGE YEARS <u>87</u>	MONTHS <u>?</u>	DAYS <u>?</u>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work mining (Coal)
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Emercia Beaman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Danville
(STATE OR COUNTRY) Kentucky

14. INFORMANT Walter Allen
(Address) Richmond 900

15. FILED July 29 1929
REGISTRAR E. E. Gay

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1929
17. I HEREBY CERTIFY, That I attended deceased from July 20, 1929, to July 27, 1929, that I last saw him alive on July 27, 1929, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardia Degeneration
920
97 (duration) yrs. mos. ds.
CONTRIBUTORY arterio-sclerosis
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED? clinical
(Signed) J. H. ..., M. D.
July 29 1929 (Address) Richmond, 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 King Cemetery DATE OF BURIAL July 30 1929
20. UNDERTAKER E. H. ... ADDRESS Richmond 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.

