

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

Do not use this space.

22606

1. PLACE OF DEATH

County Jackson Registration District No. 309 File No. _____
Township Kaw Primary Registration District No. _____ Registered No. 2974
City Kansas City (No. 3901 Vinyard Road) St. _____ (Ward) _____

2. FULL NAME

(a) Residence. No. 3901 Vinyard Road (Usual place of abode) Word _____
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 60 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</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>Amelia K. Allen</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 18-1866</u>		
7. AGE <u>60</u>	YEARS <u>3</u>	MONTHS <u>6</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Real Estate</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

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

10. NAME OF FATHER Willis Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elna Laws

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

14. INFORMANT Benny Allen
(Address) 45 E 55th Terrace

15. FILED July 25 1926 M. M. Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1926

17. I HEREBY CERTIFY, That I attended deceased from May, 1926, to July 24, 1926, that I last saw him alive on July 24, 1926, and that death occurred, on the date stated above, at Seven P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1148
Wet Hemorrhage from lung
(Gangrene of lung)
(duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) Gangrene of lung
(duration) _____ yrs. 2 1/2 mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
104
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Talatum and Exe
(Signed) B. P. Postman, M. D.
7/25, 1926 (Address) 652 Board Trade

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Brookline Cemetery DATE OF BURIAL July 26 1926

20. UNDERTAKER D. W. Newcorn's Sons City ADDRESS _____

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.

