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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28504

Township ..... Primary Registration District No. 1003 Registered No. 8087

City St. Louis (No. ..... St. ..... Ward)

2. FULL NAME Delmar C. Allen

(a) Residence. No. 8318 Minnesota St., 1 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 2, 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	0	0	7	

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Fred Allen,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Independance Co.
(STATE OR COUNTRY) Arkansas

12. MAIDEN NAME OF MOTHER Margery Haney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newport,
(STATE OR COUNTRY) Arkansas

14. INFORMANT Fred Allen
(Address) 8318 Minnesota

15. FILED SEP 10 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1927, to Sept 9, 1927 that I last saw him alive on Sept 9, 19..., and that death occurred, on the date stated above, at 11 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
Primary
159 (duration) yrs. mos. 1 ds.
107H
CONTRIBUTORY (SECONDARY) Prematurity
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED? 1610
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Owen J. McNamee, M. D
, 19 (Address) 7605 Michigan

*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 Mt Hope — DATE OF BURIAL 9-10-1927

20. UNDERTAKER C. Hoffmeister — ADDRESS 7814 S. Broad