

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.

33195

1. PLACE OF DEATH

Comp. Union
Towship Lackon
City St. Louis (No.)

Registration District No. 312
Primary Registration District No. 5431A

File No.
Registered No. 20
St. Ward

2. FULL NAME

(a) Residence. No. 2 Rich City P.O. 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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maggie Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 30 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 9 11

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

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

10. NAME OF FATHER James Allen

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

12. MAIDEN NAME OF MOTHER William P. Allen

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

14. INFORMANT John Kellum
(Address) 1309 Chalott

15. FILED Apr 13 1927 At St. Louis
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-11-1927

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at Early a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide
171
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Robert J. Halaker, M.D.

Apr 13 1927 (Address) Deft Coroner King City 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 DATE OF BURIAL

King City Cem. 11-13 1927

20. UNDERTAKER ADDRESS

At St. Louis King City

