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.

33196

1. PLACE OF DEATH
County Gentry — Registration District No. 312 — File No.
Township Jackson — Primary Registration District No. 5431A — Registered No. 18
City ... (No. ... St. ... Ward)

2. FULL NAME Maggie Ellen Allen
(a) Residence. No. R.R. ... 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 F.
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 H P. Allen
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 28-1878
7. AGE: Years 49; Months 0; Days 13; If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(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) Mo.

PARENTS
10. NAME OF FATHER William Frank[illegible]
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ?
12. MAIDEN NAME OF MOTHER Sara Jane Daugh[illegible]
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Jessie Kellum
(Address) 4309 Charlotte St Kansas City Mo

15. FILED Nov 13 1927 A.W. Paulette 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:
Homicide by firearm and hands
173
175B (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY) 197 (duration) ... yrs. ... mos. ... ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robert I Halsten M.D King City Mo
Nov 13 1927 (Address) Dep. Coroner

*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 City Cem. — DATE OF BURIAL 11-13 1927
20. UNDERTAKER J. G. Taggart — ADDRESS King City