

FEB 20 1928

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

Do not use this space.

283

1. PLACE OF DEATH

County Buchanan  
Township  
City St. Joseph,

Registration District No. 85  
Primary Registration District No. 1001  
(No. St. Joseph's Hospital)

File No.  
Registered No. 92  
St. \_\_\_\_\_ Ward)

2. FULL NAME Emory Ernest Allen,

(a) Residence. No. 1707 Savannah Ave. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. \_\_\_\_\_  
How long in U.S., if of foreign birth? yrs. mos. \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Viola Allen,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27, 1903

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>24</u>	<u>6</u>	<u>24</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Presser, 210M  
(b) General nature of industry, business, or establishment in which employed (or employer) Dry Cleaning 79B  
(c) Name of employer Rob Ton Dry Cleaning Co.

9. BIRTHPLACE (CITY OR TOWN) Hoxie,  
(STATE OR COUNTRY) Kansas,

10. NAME OF FATHER Ernest Allen,

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

12. MAIDEN NAME OF MOTHER Maggie Richard,

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

14. INFORMANT Mrs. Emory E. Allen  
Address 1707 Savannah Avenue,

15. FILED John G. [Signature] REGISTRAR  
1928

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 21, 1928

17. I HEREBY CERTIFY, That I attended deceased in person  
Jan 21, 1928, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 11:15 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Traumatic Cerebro-Spinal  
Menorrhagia, Resulting from Fracture  
of Skull, Fracture Caused by auto  
mobile accident, at St. Joseph St, St Joe Mo  
(duration) \_\_\_\_\_ yrs. mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Accepted. Exposed. Positive

WHAT TEST CONFIRMED DIAGNOSIS? Spec. & History

(Signed) W. M. [Signature], M. D.

Jan 21, 1928 (Address) St Joseph 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

Mount Auburn Cemetery Jan. 23, 1928

20. UNDERTAKER ADDRESS

Heaton Bigole & Bowman 319 S. 10 St.  
by [Signature] General Home

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.

ENVIRONMENT RECORD

