

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

Do not use this space.

**1. PLACE OF DEATH**

County Jasper Registration District No. 411  
 City Joplin Primary Registration District No. 2311 Empire  
 (No. 2311 Empire St.          Ward         )

**5344**

File No.           
 Registered No. 62

**2. FULL NAME** John Henry Allen  
 (a) Residence No.          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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** male **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)** widower

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 2-9-28

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

**17. I HEREBY CERTIFY** That I attended deceased from 2-9-28, 1928, to 2-9-28, 1928 that I last saw          alive on 2-7-28, 1928, and that death occurred, on the date stated above, at 6:30 P m.

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** May 5 - 1856  
**7. AGE** YEARS 71 MONTHS 10 DAYS 4 If LESS than 1 day,          hrs. or          min.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Organic heart disease

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

**CONTRIBUTORY (SECONDARY)** 107 (duration) yrs. mos. ds.  
95 (duration) yrs. mos. ds.

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Worth Co, Missouri

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH:         

**10. NAME OF FATHER** John Allen

**18. (continued)** DID AN OPERATION PRECEDE DEATH?          DATE OF           
 WAS THERE AN AUTOPSY?         

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Worth Va

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) M. H. Evans, M. D.  
2/10, 1928 (Address) Joplin Mo

**12. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Allen 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.

**14. INFORMATION (Address)** D. W. Allen Joplin Mo

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Albany Mo **DATE OF BURIAL** 2/14 28

**15. FILED** 2/10 1928 W. Robinson Clark REGISTRAR

**20. UNBERTAKER** Hurlbut & Co **ADDRESS** Joplin Mo

MAR 1 1928

CAUSE OF DEATH

to be properly classified. Exact statement of occupation necessary

1

SECRET - SECURITY INFORMATION

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County Jasper Registration District No. 411 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 2002 Registered No. 67  
 City Joplin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** John Henry Allen  
 (a) Residence No. \_\_\_\_\_ 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** M. **4. COLOR OR RACE** W. **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** W.  
(write the word)

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Aug 5 - 1856  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (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)**

PARENTS

**10. NAME OF FATHER** \_\_\_\_\_  
**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** \_\_\_\_\_  
**12. MAIDEN NAME OF MOTHER** \_\_\_\_\_  
**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** \_\_\_\_\_

**14. INFORMANT (Address)** \_\_\_\_\_

**15. FILED** 3/31 28 McLean Clark  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 2-9-1928

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

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

X organic heart failure X  
from pneumonia  
 (duration) yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)** 101a  
 (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) \_\_\_\_\_, M. D.

\_\_\_\_\_, 19\_\_\_\_ (Address)

\*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

19

**20. UNDERTAKER** ADDRESS

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

