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

Do not use this space.

16003

File No. ..... Registered No. 4

1. PLACE OF DEATH

County: Andrew — Registration District No.: 13

Township: ..... Primary Registration District No.: 4010

City: Savannah (No. Dr Nichols' Sanatorium St. ..... Ward)

2. FULL NAME Harry Allen

(a) Residence. No. ..... St. ..... Ward. ..... Viola, Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. ..... mos. 8 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	unk —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 70

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	70	unknown		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work unk —
(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) unknown

PARENTS

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unk

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

14. INFORMANT Hospital records
(Address) Savannah, Mo.

15. Filed May 26, 1928 C. O. Fyffe Registrar

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 22 1928

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1928, to May 22, 1928, that I last saw him alive on May 22, 1928, and that death occurred, on the date stated above, at 2:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epithelioma mouth & right cheek
14 yrs
(duration) 1 yrs. 6 mos. ..... ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Don't know
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings
5/22, 1928 (Signed) G. McKinney, M. D.
(Address) Savannah 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 Berryville Arkansas — DATE OF BURIAL May 27 1928

20. UNDERTAKER Frank A. Bowman — ADDRESS Savannah Mo