

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

Do not use this space.

26704

1. PLACE OF DEATH

County Cass

Registration District No. 156

File No. _____

Township _____

Primary Registration District No. 4070

Registered No. 57

City Harrisonville

No. _____ St. _____ Ward _____

2. FULL NAME

(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 Black 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 26th 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Harrisonville, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Alward Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Harrisonville, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Theresa Jackson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Harrisonville, Mo
(STATE OR COUNTRY)

14. INFORMANT Theresa Jackson
(Address) Harrisonville, Mo

15. FILED 1/28/28 D S Long REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28th 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 26th 1928, to Aug 28th 1928, that I last saw him alive on Aug 27th 1928, and that death occurred, on the date stated above, at 4:45 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Prolonged labor and
ill health of mother

CONTRIBUTORY (SECONDARY) 16 DB (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) D S Long, M. D.
29/28 (Address) Harrisonville, 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 Orient Cemetery DATE OF BURIAL Aug 28th 1928

20. UNDERTAKER Rummenger Bros Co ADDRESS Harrisonville

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.

