

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

Do not use this space

32552

1. PLACE OF DEATH

County Warren Registration District No. 875
Township Washington Primary Registration District No. 6162
City Neodesha (No.) St. Ward)

File No.
Registered No. 229
St. Ward)

2. FULL NAME

Neal Edwin Allen

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22-1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
4 16

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) Neodesha Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Frank Allen

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

12. MAIDEN NAME OF MOTHER Elgie Marks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Spring Hill Kansas
(STATE OR COUNTRY)

14. INFORMANT Frank Allen
(Address) Neodesha Missouri

15. FILED 10/9 19. 28 E. R. King
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 8 1928

17. I HEREBY CERTIFY That I attended deceased if on Aug 31, 1928, to Sept 8, 1928 that I last saw alive on Aug 31, 1928, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Don't know cause of death child was having an attack of indigestion when I saw it Thursday before death.

CONTRIBUTORY Bottle fed 118
(SECONDARY) (duration) yrs. 156 mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH, ...

DID AN OPERATION PRECEDE DEATH, ... DATE OF ...

19. WHAT TEST CONFIRMED DIAGNOSIS Physical Exam
(Signed) J. P. Love, M. D.
, 19 (Address) Neodesha, 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 Deerpark Cemetery DATE OF BURIAL 9/9-1928

20. UNDERTAKER Ferry Funeral Home ADDRESS Neodesha

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.

