

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

Do not use this space.

1395

1. PLACE OF DEATH

County Jackson
Township Blue
City Independence

Registration District No. 398
Primary Registration District No. 2019
(Not in Primary District)

File No.
Registered No. 13
St. Ward)

2. FULL NAME

(a) Residence. No. 1422 West Short 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 21-1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. min.
1 10 23 = min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Independence
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Bennie G. Allred

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

12. MAIDEN NAME OF MOTHER Louise Sumner

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

14. INFORMANT B. L. Allred
(Address) 1422 W. Short Ind. Mo.

15. FILED 1-18-1929 7. L. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1928, to Jan. 14, 1929.
that I last saw him alive on 1/10/29, and that death occurred, on the date stated above, at 1:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia (Lobar)
Empyema
108 (duration) yrs. mos. ds.
110
100

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

18. WHERE WAS DISEASE CONTRACTED
NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF 1/14/29
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) William M. D.

(Address) 1-15, 1929 10307 Ind. Ave. K. 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 Marion Home DATE OF BURIAL Jan. 16, 1929

20. UNDERTAKER Ed. Carson & Son Ind. Mo. ADDRESS

PROPERTY WITH UNPAID TAX-- THIS IS A PERMANENT RECORD

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.

