

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.

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

Do not use this space.

5523

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. JosephPrimary Registration District No. 1001City St. Joseph(No. State Hospital #2)File No. 187Registered No. 187St. St.Ward Ward

2. FULL NAME

(a) Residence. No. State Hospital #2 St. St.

(Usual place of abode)

Ward. Ward

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 1 da.

How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

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

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

October 13, 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

6540

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(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)

St. Joseph, Missouri

10. NAME OF FATHER

William H. Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Cincinnati, Ohio

12. MAIDEN NAME OF MOTHER

Mary J. McEwen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Clay County, Missouri

PARENTS

14.

INFORMANT

(Address)

John H. Allen3107 North 10th

15.

FILED

John J. St. J.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

February 13, 1929

17.

HEREBY CERTIFY, That I attended deceased from February 13, 1929 to February 13, 1929, and that I last saw him alive on February 13, 1929, and that death occurred, on the date stated above, at 2:05 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Erysipelas1.56

CONTRIBUTORY (SECONDARY)

exhaustion

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. R. Piquet, M. D.
Feb. 13, 1929 (Address) St. Joseph, 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

DATE OF BURIAL

City CemeteryFeb. 15, 1929

20. UNDERTAKER

ADDRESS

Elleman Funeral Home 1208 Francis

FEB 15 1929

