

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

Do not use this space.

6333

1. PLACE OF DEATH

County Jackson

Registration District No. 308

File No. _____

Township Blue

Primary Registration District No. 3019

Registered No. 59

City Independence

St. Independence

Ward) _____

2. FULL NAME

(a) Residence. No. 547 Arlington St.,

Ward. _____

(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)

married

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

Margaret C. Allen

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

Dec. 3 - 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

21

2

11

8. OCCUPATION OF DECEASED

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

Clerk

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Kansas City

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Lee M. Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Barroll Co

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Ellie Richardson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Iowa

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

Lee Allen
547 Arlington

15.

FILED

2-16-29

F. L. Cook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb-14 1929

17.

I HEREBY CERTIFY That I attended deceased from Feb 12, 1929 to Feb 14, 1929 that I last saw him alive on Feb 14, 1929, and that death occurred, on the date stated above, at 400 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebrospinal meningitis (Epidemic)

18 1/2

(duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY)

none

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: 547 Arlington this Sta

DID AN OPERATION PRECEDE DEATH?

no

DATE OF _____

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

spinal fluid. & microscopic

(Signed)

J. N. Hill, M. D.

2/15, 1929 (Address)

11037 1/2 Windsor Road Independence, 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

Wm Washington

2-17 1929

20. UNDERTAKER

ADDRESS

C. V. Carey

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.

MAR 22 1929

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THIS IS A PERMANENT RECORD

