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

Do not use this space.

11 | 23 1929 | 6 | 9

1. PLACE OF DEATH
County Buchanan | Registration District No. 85 | File No. 9699
Township | Primary Registration District No. 1001 | Registered No. 409
City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Cicero Harrison Allen

(a) Residence. No. Savannah Mo 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. If Married, Widowed, or Divorced HUSBAND of (or) ~~WIFE of~~ Josephine Allen

6. DATE OF BIRTH (month, day and year) 7-27-1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
67	7	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer 127 F 139
(b) General nature of industry, business, or establishment in which employed (or employer) 2 6
(c) Name of employer

9. BIRTHPLACE (~~city or town~~) Allamance Co (State or country) N. Carolina — 2

PARENTS
10. NAME OF FATHER Milton Allen
11. BIRTHPLACE OF FATHER (city or town) (State or country) N. Carolina — 2
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (city or town) unknown (State or country) N. Carolina — 2

14. Informant Mrs. Will Wells
(Address) Reserve Kansas

15. Filed MAR 27 1929 John G. [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (month, day and year) March - 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Mch. 20 1929 to Mch. 26 1929, that I last saw him alive on Mch. 26 1929, and that death occurred, on the date stated above, at Unknown m.

The CAUSE OF DEATH* was as follows:
Rupture of Gall Bladder
Suppurative Cholecystitis
with Gangrene

(duration) yrs. mos. few ds.

CONTRIBUTORY (Secondary) Chronic Cholecystitis
(duration) Several yrs. mos. ds.

18. Where was disease contracted if not at place of death? Savannah Mo.
Did an operation precede death? yes. Date of Mch. 20-1929
Was there an autopsy? No
What test confirmed diagnosis? Operation and Clinical Symptoms
(Signed) Carl [illegible], M.D.
Mch 27 1929 (Address) 731 Faraon

*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
Savannah. Mo.	3-28 1929

20. UNDERTAKER	ADDRESS
J. L. Stingley 218 S. 10th St	Joseph Mo.

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.