

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

Do not use this space.

24 1929

9959

1. PLACE OF DEATH  
 County Clay Registration District No. 148  
 Township Fishing Spring Primary Registration District No. 3011  
 City Excelsior Springs St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Earl Allen  
 (a) Residence No. 218 Cliff Drive 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 9 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 12 hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work child  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1929

17. I HEREBY CERTIFY That I attended deceased from March 9 1929 to March 10 1929 that I last saw him alive on March 19 1929, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Due to head from instrumental delivery

(duration) yrs. mos. ds.  
 CONTRIBUTORY Head burst  
 (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Excelsior Springs Mo.

10. NAME OF FATHER Earl Allen

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

12. MAIDEN NAME OF MOTHER Thelma Huff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Excelsior Springs Mo.

14. INFORMANT Earl Allen (Address) Excelsior Springs Mo.

15. FILED 3-18-29 Y. C. Craven REGISTRAR

18. WHERE WAS DISEASE CONTRACTED (IF NOT AT PLACE OF DEATH) 1610

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chemical  
 (Signed) G. C. Weaver, M. D.  
 (Address) Excelsior Springs, 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 Pisgah DATE OF BURIAL Mar 10 1929

20. UNDERTAKER Herbert Hope ADDRESS Excelsior Springs 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.

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