

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

Do not use this space.

15376

1. PLACE OF DEATH

County Meramec
Township Jefferson
City St. Louis (No. _____)

Registration District No. 556
Primary Registration District No. 4328

File No. _____
Registered No. 173
St. _____ Ward _____

2. FULL NAME

Henry Thomas Allen

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 10, 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 1 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Banker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Co., Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER Thomas S. Allen

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

12. MAIDEN NAME OF MOTHER Jane Gibson

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

14. INFORMANT Rafael C. Allen
(Address) Nevada, Mo.

15. FILED 4/18/29 JM Perry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 1, 1928 to Apr 17, 1929
that I last saw h. a. m. a. l. v. on Apr 17, 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis and Regurgitation
of Aortic Valve

18. WHEN THIS DISEASE CONTRACTED _____
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Smoking
(duration) yrs. mos. da.

18. WHEN THIS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys Signs
Impulse
(Signed) _____, M. D.

4/18, 1929 (Address) Princeton 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 _____

20. UNDERTAKER Princeton Mo
Shall Moss ADDRESS Princeton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAY 28 1929

