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

Do not use this space.
24811
3223

399

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: Kansas City (No.) 4908 Woodland St. (Ward)
Registration District No.: 1002
Primary Registration District No.:
File No.:
Registered No.:

2. FULL NAME: Charles Murrell Allen, Jr.
(a) Residence. No. 4908 Woodland St., 15 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: M
4. COLOR OR RACE: wh
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): July 23, 1929

7. AGE: Years | Months | Days: 3 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Mo.

PARENTS
10. NAME OF FATHER: Chas. M. Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Kansas City
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Mary E. Beaumont
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Argentine
(STATE OR COUNTRY): Kans.

14. INFORMANT: Chas M. Allen
(Address): 4908 Woodland

15. FILED 7-27, 1929 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 26 1929

17. I HEREBY CERTIFY, That I attended deceased from 7-23, 1929, to 7-26, 1929, that I last saw h. alive on 7-26, 1929, and that death occurred, on the date stated above, at 4:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Stenosis of oesophagus
161 D
157 U (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): asphyxia (duration) yrs. mos. 1 hr.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) L. G. Potter, M. D.
7-26-, 1929 (Address) 5-13 Commerce

*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: Elmwood
DATE OF BURIAL: July 27 1929

20. UNDERTAKER: D. H. Newcomer's Sons
ADDRESS: K.C. 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.