

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

Do not use this space.

1488 488

1. PLACE OF DEATH
 County Jackson Registration District No. 899
 Township Rau Primary Registration District No. 8002
 City H.C. Mo (No. General Hospital) St. _____ Ward _____

2. FULL NAME Less Allen
 (a) Residence. No. 1919 Oak St. 3 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 Colored
 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) unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
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 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) unknown
 (c) Name of employer asst
 9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 10. NAME OF FATHER Less Allen
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo
 12. MAIDEN NAME OF MOTHER unknown
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-23-1930
 17. I HEREBY CERTIFY, That I attended deceased from _____ 19____, to _____ 19____, that I last saw h. _____, alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
 10⁶ 1040 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? autopsy
 (Signed) Dr. [Signature] M. D.
 (Address) Reput Co
 *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.

14. INFORMANT Lizzie Hutchison
 (Address) 512 E. 1st St Carrollton Mo
 15. FILED 2/2 1930 M M Crows REGISTRAR
asst
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blue Bridge Cem DATE OF BURIAL 2-4-30
 20. UNDERTAKER A. B. Moore ADDRESS 1820 E. 1st

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

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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