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

Do not use this space.

5042

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 699

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Evangelical Hospital St. Ward)

2. FULL NAME Terrance Floyd Allen

(a) Residence. No. 555 Stonewall Court 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13, 1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
-	-	1	

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Terrance W. Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas City, Mo.

12. MAIDEN NAME OF MOTHER Frances Freeman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bunceton,
(STATE OR COUNTRY) Missouri

14. INFORMANT T. W. Allen
(Address) 555 Stonewall Court

15. FILED 2/15, 1930 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH Feb. 14-30

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-14 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 13-30, 1930, to Feb. 14-30, 1930, that I last saw him alive on Feb. 13, 1930, and that death occurred, on the date stated above, at 5:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Intra Cranial Hemorrhage,
1600
1600
(duration) yrs. mos. 17 hours ds.

CONTRIBUTORY (SECONDARY) Traumatic. From Bony pelvis also from Instrumental delivery (duration) yrs. mos. 17 hours ds.

18. WHERE WAS 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? Clinical.
(Signed) Chas. H. McCheetus M.D.
2/14, 1930 (Address) 1016 Chambers Bldg K.C. 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
Elmwood Cemetery	Feb. 15 1930

20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons, Inc.	K City Mo

N. B. CAUSE OF DEATH in plain terms, so that it may be properly