

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.

1930
22

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

Do not use this space. 4

11567

1. PLACE OF DEATH *Andrew*
 County *Buchanan* Registration District No. *13*
 Township *Savannah* Primary Registration District No. *4070*
 City *St. Joseph* (No. *Savannah, Missouri*) Sl. _____ Ward _____

2. FULL NAME *Albert Eugene Allen*
 (a) Residence. No. *Savannah, Missouri* 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. *4* da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 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) *March 20, 1930*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
			<i>14</i>	

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) *Rosendale, Missouri*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Edward Allen*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Unknown, Kansas*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Mable Cook*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Dundas, Minnesota*
 (STATE OR COUNTRY)

14. INFORMANT *Edward Allen*
 (Address) *Savannah, Missouri*
 FILED *Apr 5 30* 19 *St. Joseph* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *April 4, 1930*

17. I HEREBY CERTIFY That I attended deceased from *March 19, 1930* to *March 26, 1930* that I last saw him alive on *March 19, 1930*, and that death occurred, on the date stated above, at *9:15 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Probable pneumonia
160 B
109 B

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *Did not reach from River bank* (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED *161 B*
 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMS DIAGNOSIS?
 (Signed) *W. C. Payne* M. D.
April 5, 1930 (Address) *Savannah, 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 *Savannah, Missouri auto* DATE OF BURIAL *April 5 1930*

20. UNDERTAKER *Frank A. Bowman* ADDRESS *Savannah, Mo.*

