

SEP 25 1930

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

Do not use this space.

27033

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Marion Primary Registration District No. 3020
City Carthage (No.) St. Ward

File No.
Registered No.
St. Ward

2. FULL NAME

Ernest Jack Allen
(a) Residence. No. 1208 James 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 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) Dec 10 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 8 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School-boy
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ben Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mabel Dykes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Carthage
(STATE OR COUNTRY) Missouri

14. INFORMANT Ben Allen
(Address) Carthage, Missouri

15. FILED 9/11, 1930 E. D. Kitcham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 10 1930
17. I HEREBY CERTIFY, That I attended deceased from Aug 19 1930 to Aug 11 1930 that I last saw him alive on Aug 11 1930, and that death occurred, on the date stated above, at 5:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 38
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF 7
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Believed
(Signed) Henry D. ... M. D.
Aug 11, 1930 (Address) Corner, Jasper, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Miami Cemetery
DATE OF BURIAL Aug 12 1930

20. UNDERTAKER Knee Mortuary
ADDRESS Carthage Mo.

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.

