

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.

JUL 22 1931

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

Do not use this space.

20643

1. PLACE OF DEATH

County Buchanan

Registration District No.

Township

Primary Registration District No. 1001

City St. Joseph

(No.

File No.

Registered No.

St.

Ward)

2. FULL NAME Charles Pharis Allen

(a) Residence, No.

110 Harrington Street

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 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)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Emma

Allen

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

April 2 1857

7. AGE

YEARS

74

MONTHS

2

DAYS

21

If LESS than 1

day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.

Grocer

165

9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.

Store

10. Date deceased last worked at  
this occupation (month and  
year)

1925

11. Total time (years)

spent in this

occupation

20

12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Unknown

Penna.

MOTHER FATHER

13. NAME

F A Allen

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Erie

Penna.

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

Unknown

Germany

17. INFORMANT  
(ADDRESS)

D. D. Allen

110 Harrington ST Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Auburn

DATE June 25

1931

19. UNDERTAKER  
(ADDRESS)

Fleeman Funeral Home

1946 Calhoun St

20. FILED

JUN 2 - 1931

John R. Bender  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

June 23 1931

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1930, to June 23, 1931

I last saw him alive on June 23, 1931. Death is said

to have occurred on the date stated above, at 2:50 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic cystitis  
Acute nephritis  
122 A  
122 B  
135 B

Date of onset

about May 1931

Other contributory causes of importance:

Has operated on for double inguinal  
hernia

1931

Name of operation Herniotomy

Date of

What test confirmed diagnosis? Urinal

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) William A. Robertson, M.D.

(Address)

St. Joseph Mo

