

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

Do not use this space.

1290

1. PLACE OF DEATH

County Jackson Registration District No. 349
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 3604 Baltimore Ave. St. _____ Ward)

2. FULL NAME

Thomas J. Allen
 (a) Residence, No. 3604 Baltimore Ave. St. 5 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nelly Allen</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 3, 1846</u>				
7. AGE	YEARS <u>85</u>	MONTHS <u>8</u>	DAYS <u>25</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u> <u>2</u>				
FATHER	13. NAME <u>Lewis Allen</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> <u>21</u>			
MOTHER	15. MAIDEN NAME <u>Don't know</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>			
17. INFORMANT <u>Mrs Charles Hill</u> (ADDRESS) <u>K. C. Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stotusbury, Mo.</u> DATE <u>1-28-32</u> 19				
19. UNDERTAKER <u>Freeman Mortuary</u> (ADDRESS) <u>K. C. Mo.</u>				
20. FILED <u>Jan. 28, 1932</u> <u>M. M. Crowe</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 32 19

22. I HEREBY CERTIFY That I attended deceased from Sept 1 1931 to Jan 28 1932
 I last saw him alive on Jan 27 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
930 940
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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 ⓪
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Chas. F. Clark, M. D.
 (Address) Kansas City, Mo.

RESERVED FOR BIRTH RECORD

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.

