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.

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

Do not use this space.

8334

1. PLACE OF DEATH

County Jackson — Registration District No. — File No. 904

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

City Kansas City (No. 3417 Charlotte St. Ward)

2. FULL NAME George C. Allen

(a) Residence, No. 3417 Charlotte St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mrs. Lucile Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 17th. 1865

7. AGE: YEARS 66 — MONTHS 7 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Real Estate 154

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): Ireland 15

FATHER

13. NAME: No Data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data 31

MOTHER

15. MAIDEN NAME: No Data

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

17. INFORMANT (ADDRESS): Chas. Carter, 5844 Grand

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Washington Ce DATE 3/5/32 19

19. UNDERTAKER (ADDRESS): W. F. Mayberry, City

20. FILED 3/4 1932 M. M. Crowe, Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 3rd. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 4, 1932, to March 4, 1932

I last saw him alive on March 4th, 1932. Death is said to have occurred on the date stated above, at 10.40 P.m.

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

Pulmonary Oedema — Date of onset

92A

111B 92A

Other contributory causes of importance:

Aortic stenosis

Name of operation — Date of

What test confirmed diagnosis? Autopsy — Was there an autopsy? Yes

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

Nature of injury

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

If so, specify

(Signed) L. G. Taylor M. D., M. D.

(Address) 8738 Harrison St.