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

Do not use this space.

28546

85

1001

1. PLACE OF DEATH

County *Buchanan*   Registration District No. _____

Township *Washington*   Primary Registration District No. _____

City *St. Joseph* (No. *2821 Olive* St. _____ Ward)

File No. _____

Registered No. *406*

2. FULL NAME *Charles L. Allen*

(a) Residence, No. *2821 Olive* St., _____ Ward.
(Usual place of abode)   (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *26* 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) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary A. Allen*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 5 1853*

7. AGE   YEARS *79*   MONTHS *3*   DAYS *14*   If LESS than 1 day, ... hrs. or .... min.

OCCUPATION

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

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) *1929*

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Decatur Illinois*

FATHER

13. NAME *John Allen*

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

MOTHER

15. MAIDEN NAME *unknown*

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

17. INFORMANT *Mrs Mary A Allen*
(ADDRESS) *2821 Olive St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Brinkton Mo* DATE *Sept 20.32*

19. UNDERTAKER *E. R. Sidenfaden*
(ADDRESS) *602 So. 10th St.*

20. FILED *9-21* 1932 *John R. Berdick* Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 19. 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 9*, 1932 to *Sept 19*, 1932

I last saw him alive on *Sept 19*, 1932 Death is said to have occurred on the date stated above, at *7 P.* m.

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

Chronic Nepheritis   Date of onset *Don't Know*

131
97   131

Other contributory causes of importance: *arteriosclerosis 3 years*

Name of operation _____ Date of _____

What test confirmed diagnosis? *Clinical* 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 _____, 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 _____

①

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

If so, specify _____

(Signed) *Charles H. Werner* M.D.

(Address) *407 Kirkpatrick Bldg.*