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.

5864

1. PLACE OF DEATH Veterans' Administration Hosp.
County Jackson — Registration District No. 389 — File No.
Township Kaw — Primary Registration District No. 1601 — Registered No. 817
City Kansas City, Mo. (No. Veterans Hospital St. Ward)

48
16
9

2. FULL NAME ALLEN, John Henry — C-None — 202-10
(a) Residence, No. 2445 Bales Ave., St., Pvt. Ward. Co H. 26 Vol. Inf.
(Usual place of abode) Kansas City, Missouri (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): Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 19, 1844

7. AGE: YEARS 88 — MONTHS 11 — DAYS 0 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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): Tennessee

FATHER
13. NAME: Unknown
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 (ADDRESS): Mr. L.W.Boyce (Son-in-law) 2445 Bales, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE 2/21/33 19

19. UNDERTAKER (ADDRESS): Freeman Mortuary Kansas City, Mo

20. FILED 2/22, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from January 13, 1933 to Feb. 19, 1933
I last saw him alive on Feb. 19, 1933. Death is said to have occurred on the date stated above, at 12:20 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia, right — Date of onset 2-12-33

108
97
108

Other contributory causes of importance:
Arteriosclerosis, General — Unknown

Name of operation None — Date of
What test confirmed diagnosis? Phys. Examination — 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 —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. E. Chambers, M. D.
(Address) W.E. CHAMBERS, Med. Officer in Charge Vet. Adm. Hosp. Kansas City, Mo.