

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

Do not use this space.

**23490**

**1. PLACE OF DEATH**

County Jasper  
Township Galena  
City Joplin (No. Freeman Hospital)

Registration District No. 411  
Primary Registration District No. 2002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME (Baby) Allen**

(a) Residence, No. Freeman Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF At hospital

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 5 hrs. or 59 min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At hospital  
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) Joplin, Mo.

13. NAME Ethan Virgil Allen

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

15. MAIDEN NAME Esther Ruth Bentler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada, W.Va.

17. INFORMANT (ADDRESS) Dawey Williams

18. BURIAL, CREMATION, OR REMOVAL Fairview Cemetery DATE July 17, 1933

19. UNDERTAKER (ADDRESS) Lanflier Mortuary

20. FILED 7-17 1933 Ed E. Johnson Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1933, to July 16, 1933  
I last saw h. or alive on 7-16, 1933. Death is said

to have occurred on the date stated above, at 5:15 AM.

The principal cause of death and related causes of importance were as follows:  
Pneumonia (6 months) Date of onset \_\_\_\_\_

Gestation 160 B 159  
154  
Other contributory causes of importance \_\_\_\_\_

Shoedles preservation

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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify RM Jones (Signed) \_\_\_\_\_, M. D.

(Address) Joplin, Mo.

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.

AUG 20 1933

