

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.

29021

1. PLACE OF DEATH

County Cass
Township Island River
City Harrisonville No.

Registration District No. 156
Primary Registration District No. 11090

File No. _____
Registered No. 4421
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 18 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 Stella Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 12-1885
7. AGE YEARS 48 MONTHS — DAYS 4 If LESS than 1 day, ... hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabaret
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) Mo13. NAME Ova Allen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Mary R. Spence16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT Beulah Taylor (ADDRESS) Harrisonville Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Oakland DATE 9/18 193319. UNDERTAKER Bruner Bros (ADDRESS) Harrisonville Mo20. FILED 9/17 1933 A 88 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 193322. I HEREBY CERTIFY, That I attended deceased from Sept 15th, 1933, to Sept 16, 1933I last saw him alive on Sept 16, 1933 Death is said to have occurred on the date stated above, at 2:00 P. M.

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

Acute Myocarditis Date of onset: _____51 W
73 W 51

Other contributory causes of importance:

Disease of the KidneyName of operation None Date of _____What test confirmed diagnosis? Lab test Was there an autopsy? No23. 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. Allen M. D.(Address) 104 W. Oak Harrisonville Mo

