

FEB 27 1934

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

Do not use this space.

32477-A

1. PLACE OF DEATH

19 County Cass
Township Coldwater
City Drexel (No. _____)

Registration District No. 151
Primary Registration District No. 5215

File No. _____
Registered No. 8
St. _____ Ward _____

2. FULL NAME

James Allen

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR) WIFE OF Alice Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 21-1910

7. AGE YEARS 23 MONTHS 0 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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. None
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) Spino Oklahoma

13. NAME William Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coal Hill Arkansas

15. MAIDEN NAME Dora Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spino Oklahoma

17. INFORMANT W. M. Allen

(ADDRESS) 2435 North 5th St K.C. Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Orient Cemetery DATE 10/29 1933

19. UNDERTAKER James Allen

(ADDRESS) Harrisburg Mo

20. FILED Oct 30 1933 W. M. Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/27 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, during morning of Oct 27-33

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

Accidental death
hit by Northbound Kansas City Southern Ry train
North of Drexel Mo
2 miles

Other contributory causes of importance:
at leg nearly severed between thigh & knee
rt arm pulled from socket at shoulder
left arm badly broken. Badly bruised
over abdomen

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 10/27 1933

Where did injury occur? 3 1/2 mi North of Drexel Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury _____

Nature of injury _____

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

If so, specify Don't know

(Signed) C. Smith Coroner

(Address) Harrisonville Mo

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.

[The body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a formal letter or report, but the specific content cannot be discerned.]