

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

Do not use this space.

39236

85

**1. PLACE OF DEATH**

County Buchanan

Registration District No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 1001

City St. Joseph, Mo.

(No. Missouri Methodist Hospital)

File No. \_\_\_\_\_

Registered No. 1262

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Wallace Dack Allen

(a) Residence, No. 6600 King Hill

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 18, 1852</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>11</u>	DAYS <u>0</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Switchman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation <u>77</u>

12. BIRTHPLACE (CITY OR TOWN) Eria,  
(STATE OR COUNTRY) Penn.

13. NAME Soloman Allen

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

15. MAIDEN NAME Mary F. Libel

16. BIRTHPLACE (CITY OR TOWN) Frankford,  
(STATE OR COUNTRY) Germany,

17. INFORMANT Homer Allen  
(ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE A. I. Auburn DATE Dec. 20, 1933

19. UNDERTAKER Fleeman Mortuary, Inc.,  
(ADDRESS) St. Joseph, Mo.

20. FILED DEC 20 1933  
John A. Bender  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 18, 1933

22. HEREBY CERTIFY, That I attended deceased from Dec. 5, 1933 to Dec. 18, 1933  
I last saw him alive on Dec. 17, 1933 Death is said to have occurred on the date stated above, at 9:15 P.M.  
The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic  
Nephritis - Chronic  
Other contributory causes of importance: Essential  
Arterio-sclerosis general

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Findings 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. C. Bledsoe M. D.  
(Address) 301 Phy & Surg Bldg

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

AN 26 1934

