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

Do not use this space.

FEB 27 1934

1. PLACE OF DEATH
County Putnam Registration District No. 720
Township Liberty Primary Registration District No. 595-1
City ..... (No. ..... St. ..... Ward)

File No. 2225
Registered No. 1

2. FULL NAME Albert Newton 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	W	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Alice Alma Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	75	11	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Own Farm
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Putnam Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Thomas Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) DK
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Mary Baugher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DK
(STATE OR COUNTRY) DK

14. INFORMANT Bert Allen
(Address) Boonville Mo. RI

15. FILED 2-9 1934 E. E. McClellan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-25 1934

17. I HEREBY CERTIFY, That I attended deceased from 1-15 1934 to 1-24 1934, that I last saw h... alive on 1-25 1934, and that death occurred, on the date stated above, at 3:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108

(duration) 10 mos. 12 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? NO DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) P. W. Hart, M. D
, 19 (Address) Centerville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friendship Cemetery
DATE OF BURIAL 1-27 1934

20. UNDERTAKER Lesley E Best
ADDRESS Cincinnati Iowa

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.

PERMANENT RECORD