

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.

FEB 24 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....Buchanan

Registration District No.

85

Township.....

Primary Registration District No. 1001

City.....St. Joseph

(No. Mo. Meth. Hospt.)

File No.

3988

Registered No.

151

St. Ward)

2. FULL NAME Baby Allen

(a) Residence, No.

807 Wenden

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

Female

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

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

Feb. 1, 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, ...hrs.

or min.

0

0

5

OCCUPATION

8. Trade, profession, or particular
kind of work done, as splanner,
sawyer, bookkeeper, etc.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)

St. Joseph

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Lucile Allen

UNKNOWN

14. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

MOTHER

15. MAIDEN NAME

Lucile Allen

16. BIRTHPLACE (CITY OR TOWN)

St. Joseph

(STATE OR COUNTRY)

Mo.

17. INFORMANT

Missouri Meth. Hospt.

(ADDRESS)

St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery

DATE Feb. 8, 1934

19. UNDERTAKER

(ADDRESS)

Lynch & Clark

St. Joseph

20. FILED

2-6

John R. Bender

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from

2-1

1934

to 2-6

1934

I last saw h. ✓ alive on 2-6, 1934. Death is said

to have occurred on the date stated above, at 5 A.m.

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

Date of onset

Bronchial Pneumonia

2-3-34

Other contributory causes of importance

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? 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)

C. W. V. Chang

, M. D.

(Address)

204 1st St. S. S. J.

