

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.

APR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid  
Township Green  
City St. Louis

Registration District No. 55-1 209

Primary Registration District No. 4023417

File No. 4489

Registered No. 11079

St. 1 Ward

2. FULL NAME Leon Allen

(a) Residence, No. 1025

St. 1

Ward. 1

(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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

✓

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

✓

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

Sept. 20 - 1933

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

4

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY)

Madison Mo

FATHER

13. NAME

Ed. Allen

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

Wayne Co. Mo.

MOTHER

15. MAIDEN NAME

Angeline White

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

Wayne Co. Mo.

17. INFORMANT (ADDRESS)

E. M. Wakefield  
Madison Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bernie Mo

DATE

2-15

1934

19. UNDERTAKER (ADDRESS)

H. R. Craig  
Madison Mo

20. FILED

2-15-10

1934

AM. J. M. M. M.

Registrar.

3

MEDICAL CERTIFICATE OF DEATH

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

Feb. 14 1934

22. I HEREBY CERTIFY, That I attended deceased from

Feb 1

1934

Feb 14 1934

I last saw him alive on

Feb 13

1934

Death is said

to have occurred on the date stated above, at 3 P. m.

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

Murder -

about 2/1/34

Otitis media

2/7/34

Meningitis

2/7/34

Other contributory causes of importance:

Name of operation na

Date of na

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury 2, 1934

Where did injury occur?

(Specify city or town, county, and State)

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

Infant

Manner of injury

Nature of injury ✓

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

No

If so, specify

(Signed)

Home Bull

M. D.

(Address)

Madison Mo

THESE ARE THE ONLY PHOTOCOPIES OF THE ORIGINAL DOCUMENTS  
WHICH WERE DESTROYED BY THE JAPANESE IN 1942. THE  
ORIGINALS WERE DESTROYED BY THE JAPANESE IN 1942.  
THESE ARE THE ONLY PHOTOCOPIES OF THE ORIGINAL DOCUMENTS  
WHICH WERE DESTROYED BY THE JAPANESE IN 1942.

THESE ARE THE ONLY PHOTOCOPIES OF THE ORIGINAL DOCUMENTS  
WHICH WERE DESTROYED BY THE JAPANESE IN 1942.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Douglas

Registration District No. 289

Township Malden

Primary Registration District No. 4178

City Malden (No.       )

File No. 16

Registered No.       

St.        Ward       

**2. FULL NAME**

Leon Allen

(a) Residence, No.         
(Usual place of abode)

St.        Ward       

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
4 24

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY) Malden Mo

FATHER 13. NAME Ed Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Mo

MOTHER 15. MAIDEN NAME Angeline White

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Mo

17. INFORMANT (ADDRESS) R. M. Chalkfield Malden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bermyng DATE 2/15 1934

19. UNDERTAKER (ADDRESS) M. J. Craggins Malden Mo

20. FILED April 5 1934 S. Mitchell Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 to Feb 14, 1934

I last saw him alive on Feb 13, 1934 Death is said

to have occurred on the date stated above, at 3:30 p. m.

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

Measles  
Olds media  
meningitis

Other contributory causes of importance:

Date of onset  
2/1/34  
2/3/34  
2/12/34

Name of operation NO Date of       

What test confirmed diagnosis?        Was there an autopsy?       

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. Infant

Manner of injury         
Nature of injury       

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify       

(Signed) Harner Bull, M. D.

(Address) Malden Mo

6677-S