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

SEP 12 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
File No. 28347
Township
Primary Registration District No. 1001
Registered No. 930
City St. Joseph (No. 124 W. Hyde Park Ave. St. Ward)

2. FULL NAME James A. Allen
(a) Residence, No. 124 W. Hyde Park Ave. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Allen
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1859
7. AGE YEARS 75 MONTHS 5 DAYS 28 If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shipping clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dry Goods Co.
10. Date deceased last worked at this occupation (month and year) 1924
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Harrison Co. (STATE OR COUNTRY) Missouri

FATHER
13. NAME A. W. Allen
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT T. B. Allen
(ADDRESS) 501 E. Hyde Park

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odd Fellows Cem. DATE Aug. 8, 1934

19. UNDERTAKER Clark Mortuary
(ADDRESS) So. St Joseph Mo.

20. FILED 8-8- 1934 John A. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-30-1934, to 8-7-1934
I last saw him alive on 7-6-1934 Death is said to have occurred on the date stated above, at 1:30 a.m.
The principal cause of death and related causes of importance were as follows:
Over heated — Date of onset 7-30-34

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Other contributory causes of importance:
Chronic Hypertension and Arterio Sclerosis

Name of operation Date of
What test confirmed diagnosis? Clinical 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) John I Tucker, M. D.
(Address) St Joseph Mo.