

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

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 20 1935

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

Do not use this space.

326

1. PLACE OF DEATH

County Buchanan

Township

City

Registration District No.

Primary Registration District No.

(No.

Stop 4, Savannah Int.

File No.

Registered No.

St.

Ward)

2. FULL NAME Gene Dale Allen

(a) Residence, No.

(Usual place of abode)

Industrial City 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

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)

March 13, 1935

7. AGE

YEARS

3

MONTHS

10

DAYS

1

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

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)

St. Joseph
Mo.

FATHER

13. NAME

Guy Allen

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

Wathena
Kans.

MOTHER

15. MAIDEN NAME

Pearl Hale

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

Albany
Mo.

17. INFORMANT
(ADDRESS)

Guy Allen

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mt. Auburn

DATE

Jan. 15, 1935

19. UNDERTAKER
(ADDRESS)

Fleeman Mortuary

20. FILED

Jan 14, 1935

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 12, 1935, to Jan. 12, 1935

I last saw him alive on Jan. 12, 1935 Death is said
to have occurred on the date stated above, at 3:20 p.m.

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

Jan 7 etc

Date of onset

Diphtheria

Other contributory causes of importance:

none

Name of operation

What test confirmed diagnosis?

Date of autopsy?

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

Accident, suicide, or homicide?

Date of injury

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?

If so, specify

(Signed) R. K. Kelly

(Address) Jan 14 - 35

