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

Do not use this space.

19592

AUG 3 1935

1. PLACE OF DEATH
County Howell — Registration District No. 385
Township — Primary Registration District No. 4228
City Willow Springs. Mo. (No. ..... St. ..... Ward) — File No. — Registered No. 16

2. FULL NAME Harry Lee Allen

(a) Residence, No. ..... St., ... Ward. Dewey, Oklahoma
(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? 37 yrs. 4 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8/1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	37	4	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Unknown

FATHER

13. NAME Samuel E. Allen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green County, ILL-

MOTHER

15. MAIDEN NAME Rosemond Bluear

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

17. INFORMANT Mrs Rose Allen.
(ADDRESS) Dewey, Oklahoma

18. BURIAL, CREMATION, OR REMOVAL
PLACE ~~Dewey~~, Caney, Kans, June 26, 1935

19. UNDERTAKER J.R. Burns + Son
(ADDRESS) Willow Springs Mo.

20. FILED 7/9 1935 J.C. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/18/ 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 A.m.

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

	Date of onset
He came to his death by gun shot wounds from the hands of officers in the performance of their duty, He was an outlaw, had held up a	

Other contributory causes of importance:
night Club at Poplar Bluff, Mo. Was fleeing from officers of the law when fatally shot. Died

Name of operation ..... Date of .....
What test confirmed diagnosis? Coroners Inquest 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 6/18, 1935
Where did injury occur? Howell County, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In country, in woods
Manner of injury Gun shot wounds
Nature of injury Gun shot wounds

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify He was an outlaw

(Signed) Page Robertson - Coroner, H. D.
(Address) J.R. Burns - Deputy West Plains Mo

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.

46 4 6

31 32 1