JAN 15 1936

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

Do not use this space.

38697

1. PLACE OF DEATH
County Buchanan — Registration District No. 85
Township — Primary Registration District No. 1001
City St. Joseph, (No. St. Joseph's Hospital St. Ward)

File No.
Registered No. 1370

2. FULL NAME Albert James Allen

(a) Residence, No. 3111 No. 6th. St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Gertie Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec, 7, 1885

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
50	0	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lehr Construction Co.

10. Date deceased last worked at this occupation (month and year) Dec, 30, 1935

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nemaha Co. Kansas

FATHER

13. NAME George A. Allen

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

MOTHER

15. MAIDEN NAME Amanda Whitney

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

17. INFORMANT (ADDRESS) Mrs. Gertie Allen 3111 No. 6th. St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cemetery DATE Dec, 30, 1935

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED 12-30, 1935 John R. Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 20" 1935, to Dec 27" 1935

I last saw h... 1m. alive on Dec 27" 1935. Death is said to have occurred on the date stated above, at 4 30 p.m.

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

	Date of onset
Bilateral Pneumonia (Interstitial Broncho)	12/19/35

Other contributory causes of importance: Acute Endocarditis

Name of operation None Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Aye.

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) W. H. Talty, M. D.

(Address) Corby Bldg. St. Joseph, 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.