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.

JUN 13 1936

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

Do not use this space.

19551

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township ~~Kaw~~ — Primary Registration District No. 1002 — Registered No. 2509

City Kansas City, Mo. (No. 3608 E 57 Street St. Ward)

2. FULL NAME ALLEN, THOMAS EDWARD

(a) Residence, No. 3608 E. 57th Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 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: IRENE ALLEN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-10-1899

7. AGE: 37 YEARS — MONTHS: 4 — DAYS: 8 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Engraver
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): Kansas City, Mo.

FATHER

13. NAME: M. R. Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington D. C.

MOTHER

15. MAIDEN NAME: Margaret Quinlan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas City, Mo.

17. INFORMANT (ADDRESS): Mrs. Irene Allen

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE May 20, 1936

19. UNDERTAKER (ADDRESS): W. F. MAYBERRY

20. FILED May 20, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5/18, 1936

22. I HEREBY CERTIFY, That I attended deceased from May-11-, 1936 to May 18-, 1936

I last saw him alive on May 18-, 1936 Death is said to have occurred on the date stated above, at 5 P. m.

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

Disease Miliary Tuberculosis of Lungs.

Tubercle Meningitis.

Other contributory causes of importance:

T. B. - 32a

Date of onset

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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

Accident, suicide, or homicide? no Date of injury ....., 19....

Where did injury occur? no (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) Myrtle O. Hill, M. D.

(Address) 734 Argyle - K.C. Mo.

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