

NOV 22 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

40635

1. PLACE OF DEATH

County Cass
 Township Gardner
 City Gardner City (No.)

Registration District No. 154
 Primary Registration District No. 11088

File No.
 Registered No.
 St. Ward)

2. FULL NAME

(a) Residence. No. Gardner City, Mo. St. Ward.
 (Usual place of abode)

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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Irene K Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4, 1936
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36 4 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Experimental Man for General Motors
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hickory Co.
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Buford Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Clair Co.
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Lou Stall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hickory Co.
 (STATE OR COUNTRY) Missouri

14. INFORMANT Josephine Kenty Allen
 (Address) 2545 Parker, Detroit, Mich

15. Nov 22, 1936 Joan Griffin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 19 36

17. I HEREBY CERTIFY That I attended deceased from 19 36 to Nov 1 19 36
 that I last saw him alive on Nov 7 19 36, and that death occurred, on the date stated above, at 7:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis Pneumonia

(duration) yrs. mos. ds. 14

CONTRIBUTORY (SECONDARY) Pulmonary
Tuberculosis (duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED at home

PLACE OF DEATH? at home

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TESTS WERE MADE? Physical Examinations

(Signed) Joan Griffin

, 19 (Address) Gardner City, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Gardner City Nov 2, 1936

20. UNDERTAKER ADDRESS

J M Krayman Gardner City

