

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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 6724 Locust)

Registration District No. 399
Primary Registration District No. 1002

File No. 15226
Registered No. 1772
St. _____ Ward _____

2. FULL NAME Swan Allen

(a) Residence, No. 6724 Locust 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4th. 1848

7. AGE YEARS 89 MONTHS 1 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. C. B. & Q. R. R.

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) Denmark

13. NAME Geo. Allen

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Paul C. Allen
(ADDRESS) 6724 Locust

18. BURIAL, CREMATION, OR REMOVAL
PLACE Red Oak Iowa DATE April 15th

19. UNDERTAKER Eylar Funeral Home
(ADDRESS) K. C. Mo.

20. FILED Apr 14 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1937

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937 to April 13, 1937

I last saw him alive on April 13, 1937. Death is said to have occurred on the date stated above, at 2:15 P. M.

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

Lobar Pneumonia Date of onset Apr 12/37
Upper + middle lobes right lung
108

Other contributory causes of importance:

Hypertension

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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 _____, 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 None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Eugene Barbaceg M. D.
(Address) 714 Bryant

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.

20
24
5
81

100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000

100-1000
100-1000
100-1000