REC'D OCT 15 1938

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

Do not use this space.

File No. 31175

Registered No. 3472

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. Lakeside Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Ernest V. Allen 4 50
(a) Residence, No. 2635 South Crysler St., Ward. Independence, Mo.
(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? 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 Addye G. Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9, 1869

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
69	1	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Druggist
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) Missouri

FATHER
13. NAME Samuel P. Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Emma Durrett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Addye G. Allen (Wife) Independence, Missouri

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Marshall, Missouri DATE Sept. 5, 1938

19. UNDERTAKER (ADDRESS) Stine & McClure Kansas City, Missouri.

20. FILED Sept 4, 1938 M. M. Crom Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 2nd, 1938

I HEREBY CERTIFY, That I attended deceased from Feb 26th 1938 to Sept 2nd, 1938

I last saw him alive on Sept 2nd, 1938 Death is said to have occurred on the date stated above, at 7:10 P.m.

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

	Date of onset
Carcinoma of Prostate gland with Metastases to urinary bladder and pelvic bones	5 Yr

Other contributory causes of importance:
Carcinoma of Prostate Gland

Name of operation Date of
What test confirmed diagnosis? X Ray Was there an autopsy? Yes

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) Dr. Frank C. Andrews M.D.
(Address) Independence, Mo.

Be very exact in 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.