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.

REC'D FEB 16 1939

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

Do not use this space.

1937

1. PLACE OF DEATH
County Cass — Registration District No. 158 — File No.
Township — Primary Registration District No. 4092 — Registered No. 2
City Raymore Mo (No. , St. Ward)

2. FULL NAME Edgar A. Allen

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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 Frances M. Allen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1866

7. AGE: YEARS 72 — MONTHS 6 — DAYS 6 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Indian Service
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Government
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 40 yrs

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

FATHER
13. NAME James M. Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Rachel Barton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Raymond Brisbin 3642 Humphrey, St Louis, Mo.

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE Green Bay, Wis. DATE 1-28 1939

19. UNDERTAKER (ADDRESS) E. K. George & Sons Belton Mo.

20. FILED Jan 27 1939 R M Miller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1938, to Jan 25, 1939
I last saw him alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 6 30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	

Other contributory causes of importance:
Hyp tension

Name of operation Date of
What test confirmed diagnosis? Clynical 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R M Miller M. D.
141 (Address) Belton Mo.