

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

1 PLACE OF DEATH

County Jackson

Township Raw

Village Ran City Mo

City Ran City Mo (NO 1814 Forest St.; Ward)

Registration District No. 399

File No. 202

Primary Registration District No. 1002

Registered No. 17047

2 FULL NAME Charley Allen

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

6 DATE OF BIRTH May 20 1896
(Month) (Day) (Year)

7 AGE 21 yrs 11 mos 20 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry business, or establishment in which employed (or employer) day labor

9 BIRTHPLACE (City or town, State or foreign country) Ark.

10 NAME OF FATHER Perry Allen
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Ark
12 MAIDEN NAME OF MOTHER Mattie Davis
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ark.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mattie Allen
(Address) 1814 Forest

15 Filed May 14 1918 1918 Ada Jones Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 10 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 9th, 1918, to May 10th, 1918, that I last saw him alive on May 10, 1918, and that death occurred, on the date stated above, at 7 A m.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis
23A

(Duration) ? yrs. 11 mos. 20 ds.
CONTRIBUTORY (Secondary) (Duration) yrs. mos. ds.

(Signed) O. H. Bruce M. D.
May 10, 1918 (Address) 1572 E. 18th St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death.....yrs.....mos.....ds. In the State.....yrs.....mos.....ds.
Where was disease contracted if not at place of death?
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Cross Ark DATE OF BURIAL May 12 1918

20 UNDERTAKER Watkins Bros ADDRESS 1729 Lydia

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.

