

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

24528

**1. PLACE OF DEATH**

County Bruce Registration District No. 87 File No. \_\_\_\_\_  
 Township Poplar Bluff Primary Registration District No. 3007 Registered No. 153  
 City Poplar Bluff (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Howard Allen

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 M 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Janice Allen (or) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
37 about

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Porter  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Henderson Ky  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Gus Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Janice Allen  
 (Address) Poplar Bluff Mo

15. FILED Aug 4 1919 W.S. Bailey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 2 1919

17. I HEREBY CERTIFY, That I attended deceased from July 1 1919 to Aug 1 1919  
 that I last saw him alive on Aug 1 1919, and that death occurred, on the date stated above, at 3 1/2 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

26 Pulmonary Tuberculosis  
2/10 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY Influenza  
 (SECONDARY) (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: at place of death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
 (Signed) W.S. Bailey, M.D.  
Aug 3 1919 (Address) Poplar Bluff 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL City Cemetery DATE OF BURIAL Aug 3 1919  
 ADDRESS \_\_\_\_\_

20. UNDERTAKER Trane Poplar Bluff Mo

DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Aug 4 1919 IV W 1/4

