

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Wren
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No. 23778
Registered No. 2504
St. _____ Ward _____

2. FULL NAME

Allen, Jessie

(a) Residence No. 3324 E 18th St. 11 Ward _____

(Usual place of abode) Length of residence in city or town where death occurred 30 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. (If nonresident give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 15-1893

7. AGE YEARS 54 MONTHS 6 DAYS 20 IF LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Paper Hanger
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Thos. A. Allen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Wren

12. MAIDEN NAME OF MOTHER Ellen Allen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

14. INFORMANT Reverend Clerk (Address) K C General Hosp

15. FILED 7/6 28 M.M. Cramer REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-5 1928

17. I HEREBY CERTIFY, That I attended deceased from 7-5, 1928, to 7-5, 1928, that I last saw him alive on 7-5, 1928, and that death occurred, on the date stated above, at 11:55 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Toxemia resulting from strangulated inguinal hernia

CONTRIBUTORY (SECONDARY) 1180 (duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

1 DID AN OPERATION PRECEDE DEATH? no DATE OF 7-5-28

2 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + X-ray
(Signed) P. E. Williams, M. D.

7-5, 1928 (Address) Supt K.C. Genl Hosp

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Linwood Cem DATE OF BURIAL July 7 1928

20. UNDERTAKER Rose & Henderson ADDRESS City

K. E.—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.

WRITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

