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

Do not use this space.

36921

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Raw — Primary Registration District No. 1002 — Registered No. [illegible]
City Kansas City (No. 7225 Madison St. Ward)

2. FULL NAME Edward Harwood Allen
(a) Residence. No. 7225 Madison 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: M
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma G. Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 16, 1871

7. AGE: Years 57 — Months 2 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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): Jackson Co. Mo.

PARENTS
10. NAME OF FATHER: Arthur M Allen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Vir.
12. MAIDEN NAME OF MOTHER: Mollie McGee
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Vir.

14. INFORMANT: Mrs Emma Allen
(Address) 7225 Madison

15. FILED 11/13, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 11 1928

17. I HEREBY CERTIFY, That I attended deceased from 10 11, 1928, to 11 11, 1928 that I last saw him alive on 11 11 28, 19..., and that death occurred, on the date stated above, at 9:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Adrenal Arteriosclerosis & Chronic Hypertension

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C C Conom, M. D
Nov. 12, 1928 (Address) K. C. 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Hill — DATE OF BURIAL: Nov 13 1928

20. UNDERTAKER: R. V. Lindsey & Sons — ADDRESS: K.C. Mo.

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.