

SEP 25 1930

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

Do not use this space.

27077

1. PLACE OF DEATH

County Jasper Registration District No. 400 File No. 27077
Township Great Primary Registration District No. 2502 Registered No. _____
City Joplin (No. _____, St. Johns Hospital St. _____ Ward _____)

2. FULL NAME Artie Clarence Allen

(a) Residence, No. _____ St. _____ Ward. Carl Junction - Mo.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 yrs. mos. 10 da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Lilla Woodwell ne Allen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-18-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 0 8

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Hallowell
(STATE OR COUNTRY) Kansas

10. NAME OF FATHER A. C. Allen

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

12. MAIDEN NAME OF MOTHER S. E. Peters

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

14. INFORMANT A. C. Allen
(Address) Carl Junction Mo.

15. FILED 8-28-30 A. B. Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 5 1930 to Aug 25 1930, that I last saw him alive on Aug 25 1930, and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis

CONTRIBUTORY (SECONDARY) 131 (duration) yrs. mos. da.

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) H. L. Learning, M. D.

8/27 1930 (Address) Joplin 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 Carl Junction Mo. DATE OF BURIAL Aug 28 1930

20. UNDERTAKER A. B. Clark ADDRESS Carl Jct. 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.

