

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

Do not use this space.

1328

1. PLACE OF DEATH

County Jackson Registration District No. 1
 Town Law Primary Registration District No. 1
 City Kansas City (No. General Hospital #2) St. St. Ward

File No. 159
 Registered No. 159

2. FULL NAME

Leland Allen
 (a) Residence. No. 1100 Brooklyn St. 4th 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 ♂ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 56

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Domestic
 (b) General nature of industry, business, or establishment in which employed (or employer). 243
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. Co. Mo

10. NAME OF FATHER James Allen

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

12. MAIDEN NAME OF MOTHER Elizabeth M. Muesy

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

14. INFORMANT Lewis Allen

(Address) 1912 Howard Ave

15. FILED Jan 13 31 M. M. Lemme REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/8 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/8 1931 to 1/8 1931 that I last saw her alive on 1/8/31 1931 and that death occurred, on the date stated above, at 7:11-450 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
W Lobar Pneumonia

100 (duration) yrs. mos. ds.
10 3/4

CONTRIBUTORY (SECONDARY) Thrombosis of Right Arterial Appendix (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1

NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? DATE OF 8/10/08

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Clinical & Macro

(Signed) D. M. Miles M. D.

(Address) Gen Hospital #2

*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 Union Cemetery DATE OF BURIAL 1-14 1931

20. UNDERTAKER Horner & Son ADDRESS 1606 E. 18

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.

