

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.

REC'D NOV 3 1938

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

25477  
Do not use this space

1. PLACE OF DEATH 3

(a) County Cole Registration District No. 213  
 (b) Township Jefferson Primary Registration District No. 3014 Registered No. 287  
 (c) City Jefferson (d) Street No. Mo. State Prison St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Granville Allen

(a) Residence, No. State Penitentiary, Jefferson City, Mo (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1910

7. AGE 28 YEARS MONTHS DAYS 0 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Self State Prison Record (ADDRESS) Jeff City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE State of Kansas DATE Oct. 29 1938  
Jefferson City

19. FUNERAL DIRECTOR (NAME) Dawson-Tanner (ADDRESS) Jefferson City Mo

20. FILED 10/31 19 38 D. W. Beardsford Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28 1938.

22. I HEREBY CERTIFY, That I attended deceased from October 28, 1938, to October 28, 1938.  
 I last saw him... alive on Oct. 28, 1938 Death is said to have occurred on the date stated above, at 12.01 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Hydrocyanic Acid Gas Poisoning  
(Legal Execution)  
 Date of onset 10-28-38

Other contributory causes of importance: 1938

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
 If so, specify.....  
 (Signed) John W. McHaney M. D.  
John McHaney, M. D.  
Jefferson City, Mo.  
 Asst. Medical Director

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

*D. M. Davis*

or by *D. M. Davis*

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*D. M. Davis*

Licensed Embalmer No.

*3741*

P. O. Address

*Jefferson city*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**