

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 2540 Park Ave.)

Registration District No. _____
Primary Registration District No. _____

File No. 240975
Registered No. 3235
St. _____ Ward _____

2. FULL NAME

George W. Allman

(a) Residence. No. 2540 Park Ave. St. _____ 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. 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 or (or) WIFE of Mrs. Florence Allman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-18, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>63</u>	<u>8</u>	<u>11</u>		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Warsaw
(STATE OR COUNTRY) Ind.

PARENTS

10. NAME OF FATHER Joseph Allman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Mary Shew

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Mrs. Florence Allman
(Address) 2540 Park Ave.

15. FILED 7/29/28 M. N. Crow asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1927, to July 29, 1928 that I last saw him alive on July 28, 1928, and that death occurred, on the date stated above, at 4:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancerous of prostate

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

8 DID AN OPERATION PRECEDE DEATH. DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. Allman, M. D.
7/29, 1928 (Address) 670 Ogden Bldg

*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

Neosho, Mo.
Neuman Mortuary

DATE OF BURIAL

7/30 1928
ADDRESS 107 West 22nd St.

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.

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