

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

APR 06 2007  
LINCOLN, NEBRASKA

Stanley S. Cooper  
STANLEY S. COOPER  
ASSISTANT STATE REGISTRAR  
HEALTH AND HUMAN SERVICES

NEBRASKA DEPARTMENT OF PUBLIC WELFARE  
Bureau of Health--Division of Vital Statistics

Do not write in this space  
1431

CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Douglas

Township \_\_\_\_\_

City Omaha No. Douglas County Hospital

(If death occurred in a hospital or institution give its NAME instead of street and number)

2. FULL NAME

Lucy Allen  
Residence 1152 1/2 No. 16th St.

Length of residence in city or town where death occurred Don't know mo. da. How long in U. S. if of foreign birth yr. mo. da.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 (Write the word) Single  
Single Married Widowed Divorced

5a If married, widowed or divorced HUSBAND of \_\_\_\_\_ or WIFE of \_\_\_\_\_

6 DATE OF BIRTH (mo.) Don't know (day) Don't know (yr.) \_\_\_\_\_  
7 Age Years Months Days If less than 1 day ..... hrs. or ..... min.  
about 65

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

9 Birthplace { City or town and State or country Don't know

10 Name of Father Don't know

11 Birthplace of Father { City or town and State or country Don't know

12 Maiden name of mother Don't know

13 Birthplace of mother { City or town and State or country Don't know

14 Informant P. J. DeVal  
Address 3155 Brown Blk

15 Filed 3/27/07  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 27 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 20 1925 to Feb 27 1927  
that I last saw him alive on Feb 27 1927  
and that death occurred on the date above stated, at 10:45 A.M.

CAUSE OF DEATH (Deaths from violence, give means and nature of injury, whether accidental, suicidal, or homicidal.)  
General Arterio Sclerosis  
myocardial degeneration

CONTRIBUTORY 9/3  
bronchial pneumonia  
(duration) yrs.

18 Where was disease contracted if not at place of death? no  
Did an operation precede death? no Date of \_\_\_\_\_ Cause \_\_\_\_\_

Was there an autopsy? no

What test confirmed diagnosis?  
(Signed) Mason E. Rathap M. D.

19 Place of burial, cremation or removal Forest Lawn  
Date of Burial 3-4-27

20 Undertaker Hoffmann-Crosby  
Funeral Home  
Address 24 + Dodge