

# STATE OF WYOMING

## CERTIFICATION OF VITAL RECORD

### DEPARTMENT OF HEALTH

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be correctly assigned, and should be stated clearly. Physicians should state cause of death in plain terms, that it may be properly classified. The "Special Information" is for persons dying from some disease.

Form V. S. No. 12

PLACE OF DEATH

County of Converse

Town of \_\_\_\_\_ Registration District No. C

City of Douglas

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information")

FULL NAME Terry Allen

STATE OF WYOMING  
BUREAU OF VITAL STATISTICS  
CENSUS DIVISION

1918

File No. \_\_\_\_\_

Registered No. 815

[If death occurred in a Hospital or Institution give its NAME instead of street and number.]

**PERSONAL AND STATISTICAL PARTICULARS**

SEX M. COLOR W.

DATE OF BIRTH July 9, 1902  
(Month) (Day) (Year)

AGE 16 years, 9 months, \_\_\_\_\_ days

SINGLE, MARRIED, WIDOWED OR DIVORCED single

BIRTHPLACE (State or Country) \_\_\_\_\_

OCCUPATION \_\_\_\_\_

NAME OF FATHER R. C. Allen

BIRTHPLACE OF FATHER (State or Country) Iowa

MAIDEN NAME OF MOTHER \_\_\_\_\_

BIRTHPLACE OF MOTHER (State or Country) \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

DATE OF DEATH Apr 21 1918  
(Month) (Day) (Year)

I HEREBY CERTIFY that I attended deceased from Apr 21 1918 to Apr 21 1918 and that I last saw him alive on \_\_\_\_\_ 1918 and that death occurred, on the date above stated, at \_\_\_\_\_ M.

The CAUSE OF DEATH was as follows:  
 gunshot wound in abdomen (suicide)

Where contracted? \_\_\_\_\_ (Duration) \_\_\_\_\_

Contributory \_\_\_\_\_

Where contracted? \_\_\_\_\_ (Duration) \_\_\_\_\_

(Signed) J. O'Brien M. D.  
19 \_\_\_\_\_ (Address) \_\_\_\_\_

THE ABOVE STATED PERSONAL PARTICULARS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Charles F. Mcquire  
Arnold Neb  
(Address)

Filed Apr 24 1918  
J. O'Brien  
Registrar

SPECIAL INFORMATION only for Hospitals, Institutions, Transients or Recent Residents.  
Form of \_\_\_\_\_  
Usual Residence \_\_\_\_\_ How long at \_\_\_\_\_  
Place of death \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Arnold, Neb DATE OF BURIAL Apr 24 1918

UNDERTAKER C. H. Copman ADDRESS Douglas



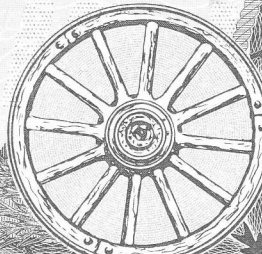
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This is a true certification of the document on file in the office of Vital Statistics Services, Cheyenne, Wyoming.

DATE ISSUED: **DEC 07 2020**

This copy is not valid unless prepared on paper with an engraved border.

*Guy Beaudoin*  
Guy Beaudoin  
Deputy State Registrar



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE