MAY 29 1928

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

Do not use this space.

12499

1. PLACE OF DEATH
County Calloway
Township Fulton
City (No. ..... St. ..... Ward)
Registration District No. 104
Primary Registration District No. 3008
File No. .....
Registered No. 83

2. FULL NAME James Alligood
(a) Residence. No. ..... 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): not given

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: not given

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Not given

7. AGE: Years 61; Months —; Days —; If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not given

PARENTS
10. NAME OF FATHER: not given
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): not given
12. MAIDEN NAME OF MOTHER: not given
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): not given

14. INFORMANT (Address): Hospital records.

15. FILED Apr 27, 1928 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 26 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 7, 1928, to Apr 26, 1928, that I last saw him alive on Apr 25, 1928, and that death occurred, on the date stated above, at 7:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
936
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) G. R. Remley, M. D.
4-26, 1928 (Address) Fulton Mo

*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: Columbia Mo
DATE OF BURIAL: Apr 28 1927

20. UNDERTAKER: Roli Bell
ADDRESS: Fulton Mo

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

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.