DEC 20 1928

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

Do not use this space.

36133

85

File No. 1316

Registered No.

1. PLACE OF DEATH

County Buchanan Registration District No.

Township Primary Registration District No. 1001

City St. Joseph (No. St. Joseph Hosp. St. Ward)

2. FULL NAME Frank P. Alig

(a) Residence. No. 642 Bon Ton 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27, 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	42	II	23	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Auto Trimmer

(b) General nature of industry, business, or establishment in which employed (or employer) Ave. Carrige Works

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Leavenworth
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Chas. Alig

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Anna Keller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Penn.

14. INFORMANT Mrs. Fannie Allig
(Address) 642 Bon Ton

15. FILED Nov 21 1928 John L. Orth REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 20 19 28

17. I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1928, to Nov. 20, 1928, that I last saw h. alive on Aug 20, 1928, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Abscess of Liver – Multiple
Non Tuberculer
117 B
125 B (duration) yrs. mos. 40 ds.

CONTRIBUTORY (SECONDARY) Perforated Ulcer – Duodenum (duration) yrs. 3 mos. ago ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 30, 1928

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) H. G. Thompson, M. D

Nov. 21 19 28 (Address) 825 Charles St Joseph 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 Leavenworth Kansas

DATE OF BURIAL Nov. 23 19 28

20. UNDERTAKER H. O. Sidenfaden

ADDRESS 1802 Union

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.

PERMANENT RECORD