

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

Do not use this space.

36136

1. PLACE OF DEATH

County Buchanan
Township _____
City St. Joseph,

Registration District No. 85
Primary Registration District No. 1001
No. 1108 South 12th,

File No. _____
Registered No. 1319
St. _____ Ward _____

2. FULL NAME Elizabeth Allmeroth

(a) Residence No. 2925 Charles St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U.S., if of foreign birth? 28 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Martin Allmeroth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
73 1 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Romerode,
(STATE OR COUNTRY) Germany,

PARENTS

10. NAME OF FATHER Henry Lassung,

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

12. MAIDEN NAME OF MOTHER Anna Gertrude Vaupel

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

14. INFORMANT Mrs. C. A. Matz,
(Address) 1108 South 12th Street,

15. Nov 23 1928
FILED John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 21, 1928

17. I HEREBY CERTIFY That I attended deceased from Nov. 20, 1928, to Nov. 21, 1928 that I last saw him alive on Nov. 21, 1928, and that death occurred, on the date stated above, at 11:30 p.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1180
Acute Indigestion
(duration) _____ yrs. mos. da.
CONTRIBUTORY Improper food
(SECONDARY) (duration) _____ yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Perot Beck, M. D.
(Address) Clinical Bldg. St. Joseph

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cemetery DATE OF BURIAL Nov. 24 1928

20. UNDERTAKER Heaton-Belgole-Bowman ADDRESS 319 S. 10 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.

