

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.

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

Do not use this space.

41522

1. PLACE OF BIRTH

County Lafayette
Towaship Clay
City St. Louis (No.)

Registration District No. 469
Primary Registration District No. 4622

File No.
Registered No. 27
St. Ward)

2. FULL NAME

(a) Residence. No. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7 1926

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 6 10

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) Napoleon
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Mark Alumbaugh

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Odessa
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Ellena Grogan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) May County
(STATE OR COUNTRY) Mo.

14. INFORMANT Mark Alumbaugh
(Address) Wilmington Mo.

15. FILE NO. Dec 17, 1928 REGISTRAR Wm. M. Mace

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1928, to Dec 16, 1928, that I last saw her alive on Dec 16, 1928, and that death occurred, on the date stated above, at 7:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, Lobar

CONTRIBUTORY (SECONDARY) Catasthal dysentery

18. WHERE WAS DISEASE CONTRACTED At home

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. M. Appleman D.C., M.D.

Dec 17, 1928 (Address) 1111 Main Lexington, 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 DATE OF BURIAL

Lafayette Co Mo Dec 19 1928

20. UNDERTAKER ADDRESS

Trust Agent Lexington

