

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

Do not use this space.

13946

1. PLACE OF DEATH

County Buchanan
Township St Joseph
City St Joseph (No. 1407)

Registration District No. 85
Primary Registration District No. 1001

File No. _____
Registered No. 528
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1407 Main St., Main 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 15, 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 5 45

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Barnard (STATE OR COUNTRY) Mo

10. NAME OF FATHER Peter Alumbaugh

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

12. MAIDEN NAME OF MOTHER Jane Myers

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

14. INFORMANT Mrs. Mabel Gillette (address) St Joseph Missouri

15. FILED APR 23 1929 John E. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 19 19 29

17. I HEREBY CERTIFY, That I attended deceased from January 27 19 29 to April 19 19 29 that I last saw him alive on April 19 19 29 and that death occurred, on the date stated above, at 8:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Sclerosis

(duration) 1 yrs. 2 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) R. John Whisenand M. D. 4/20 19 29 (Address) 109 1/2 N. 8th St. 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

DATE OF BURIAL

Barnard, Missouri April 22 19 29

20. UNDERTAKER

ADDRESS

Heeman Funeral Home 1208 Francis

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—THIS IS A PERMANENT RECORD

