

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

Do not use this space.

28555

1. PLACE OF DEATH

County Pettis
Township Sedalia
City Sedalia (No. 401 71 Park)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 236
St. _____ Ward) _____

2. FULL NAME

James E Allegra

(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 M 4. COLOR OR RACE W 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) Oct. 27 - 1951

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 90 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(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) Mo

10. NAME OF FATHER Wm. Allegra

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Eliza Harris

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ky

14. INFORMANT Mrs. J. P. Higgins
(Address) 401 71 Park Sedalia Mo

15. FILED 8-7-29 J. S. Love
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 6 19 29

17. I HEREBY CERTIFY, That I attended deceased from 7-28, 1929 to 8-6, 1929
that I last saw him alive on 8-2, 1929 and that death occurred, on the date stated above, at 4:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary TB
23A Tuberculosis
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 31
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Arkansas
IF NOT AT PLACE OF DEATH. bro to mo 7-28-29

DID AN OPERATION PRECEDE DEATH? no DATE OF 7-28-29
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) Alfred E. Mowbray M. D.
8-6, 1929 (Address) 111 W 4 Sedalia 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 Brunswick Mo DATE OF BURIAL Aug 8 1929

20. UNDERTAKER Willie ADDRESS Sedalia

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.

