

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

Do not use this space.

3

1. PLACE OF DEATH

County Buchanan *Andrew*

Registration District No. 13

Township _____

Primary Registration District No. 4010

City Savannah,

(No. Dr. Nichols Sanitorium)

File No. 32876

32876

Registered No. 444

St. _____

Ward _____

2. FULL NAME Frank Allabaugh,

(a) Residence. No. _____

(Usual place of abode)

St. _____

Ward _____

Sterling, Illinois,

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. _____

mos. 10 ds. _____

How long in U. S., if of foreign birth? yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Rebecca Allabaugh,

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

Sept. 20, 1864

7. AGE

YEARS

65

MONTHS

0

DAYS

21

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

Contractor,

(b) General nature of industry, business, or establishment in which employed (or employer)

Cement,

(c) Name of employer

Self,

9. BIRTHPLACE (CITY OR TOWN)

Sterling,

(STATE OR COUNTRY)

Illinois,

10. NAME OF FATHER

Joseph Allabaugh,

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Bucks County,

(STATE OR COUNTRY)

Pennsylvania,

12. MAIDEN NAME OF MOTHER Elizabeth Snavely

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Lancaster Co.,

(STATE OR COUNTRY)

Pennsylvania,

PARENTS

14. INFORMANT

(Address)

Russell Allabaugh
Sterling, Illinois.

15. _____

FILE NO. _____

DATE _____

BY _____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

Oct 11

1929

17.

I HEREBY CERTIFY, That I attended deceased from _____

Oct 1

, 1929, to Oct 11

, 1929

that I last saw him alive on Oct 11, 1929, and that

death occurred, on the date stated above, at _____

5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Streptococci endocarditis

CONTRIBUTORY (SECONDARY)

Streptococci infection (duration) _____ yrs. _____ mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF Oct 1, 1929

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory findings

(Signed) J. M. D.

10/11, 1929 (Address) Savannah, 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

Sterling, Illinois,

Oct. 14th 1929

20. UNDERTAKER

ADDRESS

Frank A. Bowman

Savannah, Mo.

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.

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