

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

Do not use this space.

33052

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph Hospital)

File No. 1211

Registered No.

St. Ward

2. FULL NAME James Francis Allgaier

(a) Residence. No. 1205 South 19 street

St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs.

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

Nancy Allgaier

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 21, 1853

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76

0

28

8. OCCUPATION OF DECEASED

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

Retired cattleman

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) George-town

(STATE OR COUNTRY)

kentucky

10. NAME OF FATHER

Michael S. Allgaier

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Harriette Anderson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Unknown

14. INFORMANT Mrs R.T. Rigney

(Address)

1205 so. 19 street

FILED 27 1929

15.

John G. J. J. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

18. DATE OF DEATH (MONTH, DAY AND YEAR) October 19 19 29

17. I HEREBY CERTIFY, That I attended deceased from Sept 15 1929 to Oct 18 1929

that I last saw him alive on Oct 18 1929, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Thrombosis
828
77

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

arteriosclerosis

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Charles K. Werner, M.D.

Oct. 19, 19 29 (Address) 315 Kirkpatrick Bldg

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Shelbina Mo.

DATE OF BURIAL

Oct. 21 19 29

20. UNDERTAKER

H.C. Sidenfaden

ADDRESS

1802 Union 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.

