

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

Do not use this space.

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. 39806

Registered No. 1487

St. Ward)

2. FULL NAME John Bernard Allgaier

(a) Residence, No. St. Ward. Gower Missouri

(Usual place of abode) (If nonresident, give city or town and State)

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

Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 14, 1929

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

0

3

14

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) St. Joseph

(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Martain Sebastian Allgaier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Easton

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Margaret Dunbar

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Frazier

(STATE OR COUNTRY) Missouri

14.

INFORMANT M.S. Allgaier

(Address) Gower Missouri

15.

FILED

John B. Allgaier
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 28 19 29

17.

I HEREBY CERTIFY, That I attended deceased from

Dec 27, 1929, to Dec 28, 1929
that I last saw him alive on Dec 28, 1929, and that death occurred, on the date stated above, at 6:10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
1095
1550 / 100-2

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

Eczema Infantile

(duration) yrs. mos. 60 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Gower Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) M. Roger Moore, M. D.

Dec. 28 19 29 (Address) 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

Easton Missouri

DATE OF BURIAL

Dec. 30 19 29

20. UNDERTAKER

H. O. Sidenfaden

ADDRESS

1802 Union St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

