

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

19589

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. Mo.

Registration District No. 2001
Primary Registration District No. 668
(No. 4229 Highland)

File No. _____
Registered No. 2530
St. _____ Ward _____

2. FULL NAME

John Adam Alleman
(a) Residence No. 4229 Highland St. 13 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary B. Alleman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July-9-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 13

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Banker
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Adriatic Pa.
(STATE OR COUNTRY) Penn.

10. NAME OF FATHER Henry Alleman

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

12. MAIDEN NAME OF MOTHER no Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no Record
(STATE OR COUNTRY)

14. INFORMANT Mary B. Alleman
(Address) 4229 Highland

15. FILED 6/23, 30 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-22-1930

17. I HEREBY CERTIFY, That I attended deceased from April 4th 1930, to June 22 1930 and that I last saw him alive on June 22 1930 and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrhosis of Liver
126
12018

(duration) yrs. 3 mos. da.

CONTRIBUTORY (SECONDARY) Biliary catarrh

(duration) yrs. mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED 12261

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. Hummer M. D.
123, 1930 (Address) Baltimore, Md.

*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 Charlestown DATE OF BURIAL 6-24-1930

20. UNDERTAKER Mrs. C. S. Foster ADDRESS City

