

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.

7351

1. PLACE OF DEATH

County Rollinger
 Township Rollinger
 City Rollinger (No. _____)

Registration District No. 66Primary Registration District No. 4038

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____ Ward _____

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

March 5 1927

7. AGE

41126

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Rollinger

FATHER

13. NAME

Victor Allgoos

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

State of Mo.

MOTHER

15. MAIDEN NAME

Oriter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Co. Ballinger

17. INFORMANT (ADDRESS)

Victor Allgoos

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dr. Creek DATE March 3 1932

19. UNDERTAKER (ADDRESS)

Dr. J. Baker

20. FILED

4/11932Dr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. BakerDr. J. Baker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1932

22. I HEREBY CERTIFY, That I attended deceased from

3-1 1932 to 3-1 1932I last saw him alive on 3-1 1932 Death is saidto have occurred on the date stated above, at 7-A m.

The principal cause of death and related causes of importance were as follows:

High blood pressureDate of onset 2-27

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) Dr. J. Baker M. D.(Address) Rollinger

J. J. Chandler