

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

Do not use this space.

26117

**1. PLACE OF DEATH**

County.....Jackson..... Registration District No. 399  
Township.....Law..... Primary Registration District No. 1002  
City.....Kansas City..... (No. # 8 West 57th Street terr...... St. .... Ward)

File No. ....  
Registered No. 3025  
St. .... Ward)

**2. FULL NAME** Sebastian Aloysius Allgaier

(a) Residence, No. # 8 57th Street Terr...... St., 8..... Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Veronica Allgaier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 24th, 1866</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>11</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>City Salesman 172</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Reid &amp; Murdock Gro.</u>		
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) <u>Missouri</u>		
13. NAME <u>Michael Allgaier</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
15. MAIDEN NAME <u>Amanda Williams</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Miss Veronica Allgaier</u> (ADDRESS) <u># 8 West 57th Street Terr.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>8/8/32</u>		
19. UNDERTAKER <u>W. E. Hayberry</u> (ADDRESS) <u>City</u>		
20. FILED <u>Aug 5 1932 M. M. Kerove</u> <u>Registrar</u>		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5th, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1932, to Aug 5, 1932  
I last saw him alive on Aug 5, 1932. Death is said to have occurred on the date stated above, at 10:30 AM.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis  
131  
91  
133B/31 (D)  
Other contributory causes of importance:  
Chronic nephritis  
2. Arteriosclerosis  
Date of onset 36 hrs ago 4/19/32  
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?.....  
If so, specify.....  
(Signed) W. H. Shuman, M. D.  
(Address) 1412 S. 2nd 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.

Boyer, C. W.  
No 7010