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

Do not use this space.

34632

File No. 54

Registered No.

1. PLACE OF DEATH

County: Andrew — Registration District No.: 13

Township: — Primary Registration District No.: 4620

City: Savannah (No. 17 Nichols St. Sanatorium St. Ward)

2. FULL NAME: James McAllister

(a) Residence, No. St., Ward. Mechanicsville Iowa (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 18 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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-21-1859

7. AGE: Years 73 Months 4 Days 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): Feb. 1922

11. Total time (years) spent in this occupation: 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mechanicsville Iowa

FATHER

13. NAME: Thomas McAllister

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

MOTHER

15. MAIDEN NAME: Elizabeth McCluskey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): Mary McAllister Mechanicsville Iowa

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Mechanicsville Ia DATE: Dec 1st, 1932

19. UNDERTAKER (ADDRESS): Frank A. Bowman Savannah Mo.

20. FILED: Nov 30, 1932 C. A. Jeffers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-28-, 1932

22. I HEREBY CERTIFY, That I attended deceased from 11-10-, 1932, to 11-28-, 1932

I last saw him alive on 11-28-, 1932. Death is said to have occurred on the date stated above, at 7.30 P.m.

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

	Date of onset
Cerebral Hemorrhage with hemiplegia right side	2 days
Bed Sores	
Coma	

Other contributory causes of importance:

Name of operation: none Date of:

What test confirmed diagnosis? physical 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? No.

If so, specify

(Signed) Willard L. Stearns, M. D.

(Address) Savannah Mo.

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.

THIS IS A PERMANENT RECORD