

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.

32719

1. PLACE OF DEATH

County WASCONADE

Registration District No. 303

Township HERMANN

Primary Registration District No. 4182

City HERMANN (No. 1)

File No. 24

Registered No. 24

St. 1 Ward 1

2. FULL NAME

HARRY REINHOLD ALLEMAN

(a) Residence, No. 1  
(Usual place of abode)

St. 1 Ward 1

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 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) MAR-25-1914

7. AGE YEARS 19 MONTHS 7 DAYS 3 If LESS than 1 day, hrs. or min.

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. ✓

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) HERMANN MO

13. NAME AMBROSE ALLEMAN

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

15. MAIDEN NAME FLORENTINE MOCHEL

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

17. INFORMANT Ambrose Alleman (ADDRESS) R 3 Hermann Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stolpe Evang Cem DATE 10/1 1933

19. UNDERTAKER HUGO BLUMER (ADDRESS) HERMANN MO

20. FILED 11-1-1933 Hunk K. Rickhoff Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28<sup>th</sup> 1933

22. I HEREBY CERTIFY, That I attended deceased from 1 1933

I last saw him 1 day before he died Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Crown's Inquest verdict was, "That he came to his death accidentally by automobile collision with probable fracture of skull"

Other contributory causes of importance: not known

Name of operation None Date of 10/1

What test confirmed diagnosis: Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Oct 28<sup>th</sup> 1933

Where did injury occur? Highway 419 near Hermann Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. On Highway 419, near Hermann Mo

Manner of injury Automobile collision

Nature of injury Probable skull fracture

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify John H. Beebe M.D., Carrollton

(Signed) Hermann Mo

(Address) Hermann Mo

