

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

Do not use this space.

39909-a

1. PLACE OF DEATH

County Iron Registration District No. 391
Township Arcaedia Primary Registration District No. 5-546a
City (No.) St. Ward)

File No.
Registered No. 3

2. FULL NAME

Peter Allgier
(a) Residence, No. St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Allgier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 29 1852</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>5</u>	DAYS <u>24</u>
8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Farmer</u>		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) <u>Germany</u>		
13. NAME <u>Nicholas Allgier</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Katherine Faust</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Charles Allgier, Arcaedia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Middlebrook, Mo. Dec 24 1933</u>		
19. UNDERTAKER (ADDRESS) <u>White, 608 Ironton, Mo.</u>		
20. FILED <u>Jan 19 1934</u> <u>R. Rasche</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1933

22. I HEREBY CERTIFY, THAT I attended deceased from Dec 19 1933 to Dec 23 1933
I last saw him alive on Dec 21 1933 Death is said to have occurred on the date stated above, at 7:15 p.m.
The principal cause of death and related causes of importance were as follows:
Apoplexy
82A
Stroke
Date of onset 12/18/33

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? No
If so, specify _____
(Signed) L. O. Ineson, M. D.
(Address) Ironton, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 27 1934

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