

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.

20050

42

JUL 17 1934

PLACE OF DEATH

County Ascorde

Township Richland

City _____ (No. _____)

Registration District No. 204

Primary Registration District No. 5421

File No. _____

Registered No. _____

FULL NAME Florentine Magdalena Allemann

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode)

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31-1880

7. AGE YEARS 53 MONTHS 10 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Heuf
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) Swiss mo (STATE OR COUNTRY)

13. NAME George Mochel

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

15. MAIDEN NAME Florentine Eickmann

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

17. INFORMANT Ambrose Allemann (ADDRESS) Swiss mo R.A.

18. BURIAL, CREMATION, OR REMOVAL PLACE Stalpe C. Cem. DATE 6/25 1934

19. UNDERTAKER He go Blumer (ADDRESS) St. Louis mo

20. FILED 7-12 1934 FL Kicker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 1934

22. I HEREBY CERTIFY That I attended deceased from I did not attend 1934

I last saw h _____ alive on 6/20 1934 Death is said

to have occurred on the date stated above, at 6:30 m.

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

Death was due to being struck by lightning

Other contributory causes of importance: none

Name of operation stroke Date of _____

What test confirmed diagnosis? stroke tests 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 June 22 1934

Where did injury occur? Swiss mo (R.A.) (Specify city or town, county, and State)

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

Manner of injury Struck by lightning

Nature of injury Struck by lightning

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

If so, specify _____

(Signed) J. H. Becker M.D. Coroner

(Address) Hermann mo

