

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 1935

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

Do not use this space.

2392

1. PLACE OF DEATH

County Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia

(No. _____ St. _____ Ward _____)

File No. 31

Registered No. 668

2. FULL NAME

Charles Allman

(a) Residence, No. 417 9th Avenue 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

Ma

4. COLOR OR RACE

Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Anna Allman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

don't no

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

About 75

don't no

don't no

OCCUPATION

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

Wall digger

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

X

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

don't no

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

don't no

FATHER

13. NAME

Henry Allman

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

don't no

MOTHER

15. MAIDEN NAME

don't no

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

don't no

17. INFORMANT (ADDRESS)

Trulla Crouch
Sedalia

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sedalia Mo

DATE Jan 25 1935

19. UNDERTAKER (ADDRESS)

F. D. Ferguson
Sedalia

20. FILED

1-25 1935 John Slack

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-24- 1935

22. I HEREBY CERTIFY, That I attended deceased from

1-16- 1935, to 1-24- 1935

I last saw h.l.m. alive on 1-24- 1935 Death is said

to have occurred on the date stated above, at 11:30 a.m.

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

Date of onset

Apoplexy

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation not any Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? no

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) A. R. Maddox M. D.

(Address) 116 1/2 W. Main

