

AUG 13 1935

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

Do not use this space.

22264

## 1. PLACE OF DEATH

County Buchanan Registration District No. P6  
Township Washington Primary Registration District No. 5727  
City Savannah Road. (No.         ) St.          Ward         

File No.           
Registered No. 58

## 2. FULL NAME

~~XXXXXXXXXXXX~~ Fritz Von Alman  
(a) Residence, No. R.F.D.#6. St.          Ward           
(Usual place of abode)  
Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? 62 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
86 8 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Dairyman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (20 Yrs.)  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Unknown  
14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Switz.

MOTHER 15. MAIDEN NAME Unknown  
16. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Switz.

17. INFORMANT Mrs. Chris Ruegger  
(ADDRESS) R.F.D.#6.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Ashland Cemetery DATE July, 31, 1935

19. UNDERTAKER Walter Meierholder  
(ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED July 31 1935 J. J. Bantel  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 29, 1935 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1935, to July 29, 1935.  
I last saw him alive on July 26, 1935. Death is said to have occurred on the date stated above, at 8:30 m. P.M.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of stomach Date of onset         

Other contributory causes of importance:         

Name of operation          Date of           
What test confirmed diagnosis? None 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? No.  
If so, specify           
(Signed) Thomas Raymond, M. D.  
(Address) Phys. & Surg. Bldg. St. Joseph, 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.

