

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.

JAN 17 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40216

1. PLACE OF DEATH
County Macon Registration District No. 537
Township Lallata Primary Registration District No. 4318
City Lallata (No. St. Ward)

2. FULL NAME James H. Allingham
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Porter Allingham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17 - 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 10 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Illinois
(STATE OR COUNTRY) H. B. Allingham

FATHER 13. NAME James H. Allingham

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

MOTHER 15. MAIDEN NAME Garrettson

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

17. INFORMANT Ross H. Porter
(ADDRESS) Lawton Okla.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lallata DATE Dec. 22, 1935

19. UNDERTAKER A. H. Christie
(ADDRESS) Lallata Mo.

20. FILED 12/72 1935 Dr. C. H. Buffen
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 .
I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:
Suicide by shooting
Self in head leg & arm
own hands.

Inquest
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? Yes Date of injury Dec 15, 1935
Where did injury occur? His Home
(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) W. H. Groch M. D.
(Address) Elmer

