

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.

MAR 29 1936

5644

1. PLACE OF DEATH

County Howard

Registration District No. 878

Township Fayette,

Primary Registration District No. 4222

City Fayette,

(No.)

St.

Ward)

2. FULL NAME

John Samuel Allega.

(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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Married. (Write the word)

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

Marian Allega

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

3#/27th 1855

7. AGE

81

YEARS

MONTHS

10

DAYS

27

If LESS than 1

day, ...hrs.

or min.

OCCUPATION

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

Retired.

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)

Missouri

FATHER

13. NAME

John Allega,

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

Missouri.

MOTHER

15. MAIDEN NAME

Martha Jones,

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

Kentucky.

17. INFORMANT Marian Allega,

(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery

DATE

2/26th 1936

19. UNDERTAKER

(ADDRESS)

Guy T. Bailey.

Fayette, Mo.

20. FILED

Mar. 9 1936 V. Q. Bonham

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24th 1936

22. I HEREBY CERTIFY, That I attended deceased from

1-15

36

to

1936

19

I last saw him alive on

2-24

1936

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:

Pulmonary edema

Date of onset

2-23-36

Other contributory causes of importance

Ch. Myocarditis

1935

Name of operation

home

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

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)

(Address)

M. D.

11/10/07 3:33 PM