

APR 17 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County BooneRegistration District No. 73Township ColumbiaPrimary Registration District No. 3006City Columbia (No.)

9257

File No.

Registered No. 88

St. Ward

2. FULL NAME

(a) Residence, No. Robert Thomas Algeo

(Usual place of abode)

Ward.

(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 DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Willow Algeo

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

12-3-1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

67314

OCCUPATION

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

Owner of

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

Tourist Camp

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)

Illinois

FATHER

13. NAME

Samuel Algeo

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

Ireland

MOTHER

15. MAIDEN NAME

Margaret Algeo

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

Ireland

17. INFORMANT (ADDRESS)

Miss R. T. Algeo
Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE Mar. 19, 1936

19. UNDERTAKER (ADDRESS)

Parker Furniture Co.
Columbia, Mo.20. FILED 3/18/ 1936 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-17, 193622. I HEREBY CERTIFY, That I attended deceased from March 12, 1936, to March 12, 1936I last saw him alive on March 16, 1936. Death is saidto have occurred on the date stated above, at 12:55 m.

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

Influenza - Broncho
pneumonia

Date of onset

March 121936

Other contributory causes of importance:

Broncho pneumonia

Date of onset

March 121936Name of operation W Date ofWhat test confirmed diagnosis? Was there an autopsy? Yes

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) AWT Campbell, M. D.(Address) Columbia, Mo.

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.

