MAY 21 1936

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

Do not use this space.

14921

1. PLACE OF DEATH
County Harrison — Registration District No. 335 — File No. 7
Township Colfax — Primary Registration District No. 5469 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William Hamilton Allman
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 12, 1863

7. AGE: YEARS 73 — MONTHS 0 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith
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): Oct. 1935
11. Total time (years) spent in this occupation: 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camsville Mo

FATHER
13. NAME: William Allman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown

MOTHER
15. MAIDEN NAME: Sarah Eulse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Ill

17. INFORMANT (ADDRESS): Bill Rinehart Blythedale Mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Blythedale DATE 4/26 1936

19. UNDERTAKER (ADDRESS): Rogan & Son Ridgeway Mo

20. FILED 5/11 1936 L. J. Coster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 9, 1936, to April 23, 1936
I last saw him alive on April 23, 1936. Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Banti's Disease or Splenic anemia	
93c	

Other contributory causes of importance:
Chronic myocarditis

Name of operation — Date of —
What test confirmed diagnosis? — 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) Dr W. E. Smith, M. D.
(Address) Eaglevile, 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.