

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.

JUL 20 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Gasconade
 Township Boon
 City Boon (No.)

Registration District No. 303
 Primary Registration District No. 5420

File No. 22526
 Registered No.

2. FULL NAME

MARY CHRISTINA ALLEMAN N
 (a) Residence, No. HERMANN MO. RD #1 Ward.
 (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 Female 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 CHRIST ALLEMAN N
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 22-1863
 7. AGE YEARS 72 MONTHS 8 DAYS 3 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
 10. Date deceased last worked at this occupation (month and year) 6/20/36 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stony Hill Mo

13. NAME Mayer

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

15. MAIDEN NAME William Legendier

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

17. INFORMANT Edward Alleman (ADDRESS) Hermann Mo R 215 #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Boon DATE 6/28 36

19. UNDERTAKER Herman Blumer (ADDRESS) Berger Mo

20. FILED 6-27 19 36 Anna K. Ricketts Registrar

MEDICAL CERTIFICATE OF DEATH 9-10

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1936

22. I HEREBY CERTIFY That I attended deceased from June 22 1936, to June 25 1936
 last saw her alive on June 25 1936 Death is said to have occurred on the date stated above, at 9:00 p.m.

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

Acute endocarditis Date of onset 6-24/36

Other contributory causes of importance: Acute articular Rheumatism

Name of operation Date of

What test confirmed diagnosis? Physician 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 , 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 John Engelbrecht

(Signed) John Engelbrecht, M. D.

(Address) Stony Hill, Mo.

