

MAR 29 1937

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

Do not use this space.

## 1. PLACE OF DEATH

108 County Vernon Registration District No. 878  
Township Dover Primary Registration District No. 6166  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 9242Registered No. 5

## 2. FULL NAME

John Alfred Allbaugh  
(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 DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-2-1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 2 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) (STATE OR COUNTRY) Mound Co Iowa13. NAME John Allbaugh14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknow15. MAIDEN NAME Christine Love16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden17. INFORMANT Glenn Allbaugh  
(ADDRESS) Shelton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE olive branch DATE March 1319. UNDERTAKER J. B. Berry & Sons  
(ADDRESS) Shelton Mo20. FILED Mar 1 1937 State without  
Candl T. Berry Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 193722. I HEREBY CERTIFY, That I attended deceased from Feb 19 1937, to Feb 27 1937I last saw him alive on Feb 26 1937, Death is saidto have occurred on the date stated above, at 2 P. m.

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

Broncho-pneumoniaDate of onset  
about Feb 25

Other contributory causes of importance:

Cerebral HemorrhageFeb 19 1937Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Exam Was there an autopsy? no23. 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) W. Love, M. D.(Address) Nevada, Mo

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 22-36  
JUN 1 1934

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.

