

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County LafayetteRegistration District No. 460Township DoverPrimary Registration District No. 4274City Confederate HomeSt. Mo. Ward

Higginsville, J. P. Allenbaugh

2. FULL NAME

(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)

Widowed

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

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

27 Feb 1847

7. AGE

90

YEARS

MONTHS

DAYS

23

If LESS than 1

day, ... hrs.

or min.

OCCUPATION

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

Inmate Con. Home

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)

Odessa, Mo.

FATHER

13. NAME

James Allenbaugh,

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

Missouri.

MOTHER

15. MAIDEN NAME

Eliza Osborne

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

Missouri.

17. INFORMANT
(ADDRESS)Jess Allenbaugh,
Corder, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Con. HomeDATE 3/22/3719. UNDERTAKER
(ADDRESS)A. H. Hader
Higginsville, Mo.

20. FILED

3/23

1937 Tiffang Webb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30/37 . 19I HEREBY CERTIFY, That I attended deceased from
Dec 1st, 1936, to 3-30, 1937I last saw her alive on March 20, 1937. Death is said
to have occurred on the date stated above, at 4 P m.

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

Chronic Myocarditis
Cardiac Decompensation

Date of onset

1933

Other contributory causes of importance:

Anasarcia

3-1-37

Name of operation

none

Date of

What test confirmed diagnosis? none 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)

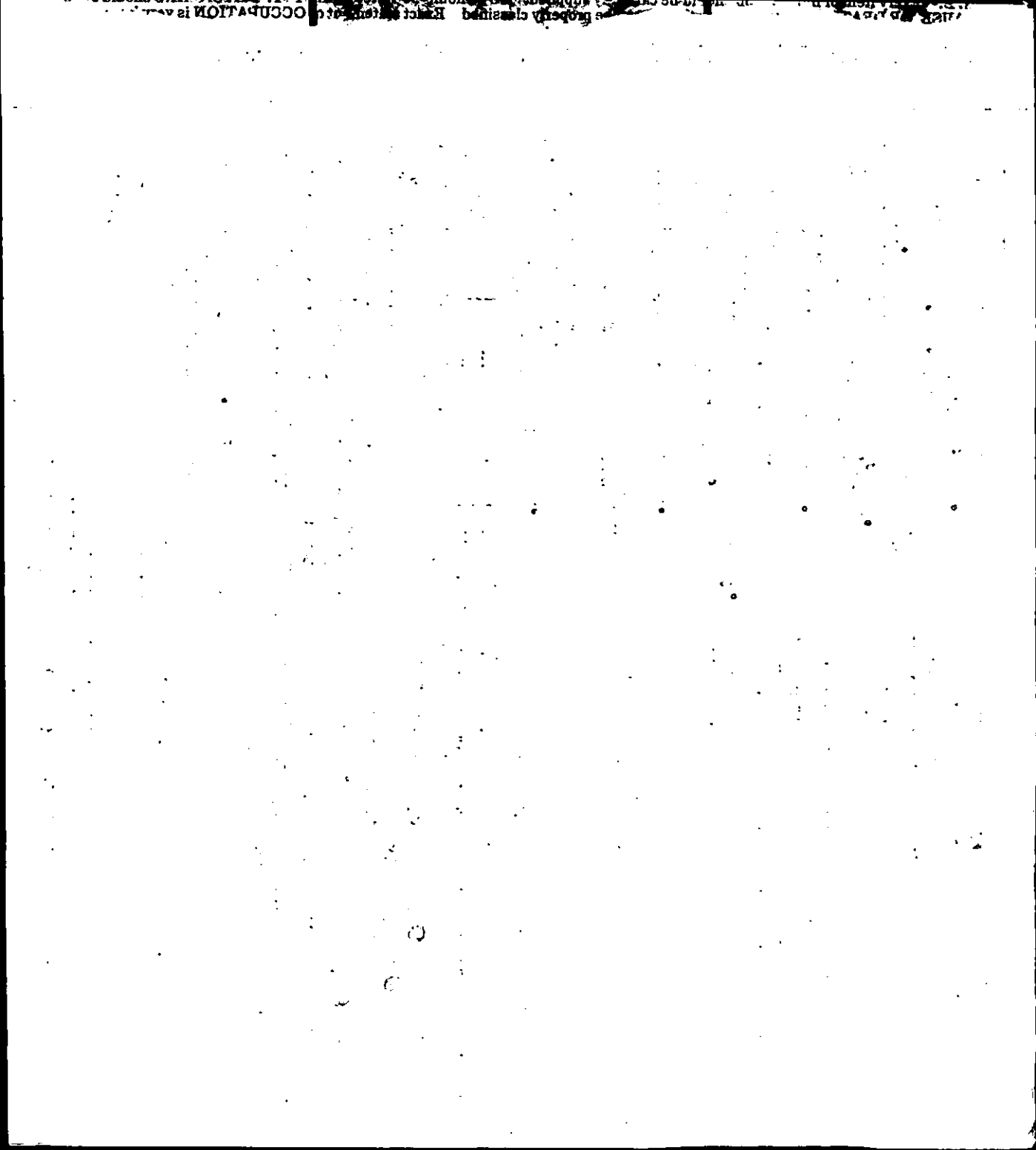
Ernest M. Webb, M. D.

(Address)

Higginsville mo.

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

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**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lafayette
Township
City Higginsville (No.)

Registration District No. 460
Primary Registration District No. 4374

File No. 12394
Registered No. St. Ward

2. FULL NAME

(a) Residence, No. St. 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 27 1847</u>		
7. AGE <u>90</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Female -</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>
	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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED July 19 1937 Tiffany Webb Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 20 1937

22. I HEREBY CERTIFY, That I attended deceased from

....., to....., 19.....

I last saw him alive on....., 19..... 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:

Date of onset

Other contributory causes of importance:

Name of operation..... 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....., 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) Ernest M. Moore, M. D.

(Address) Higginsville Mo

HEB 41-5