

FILED JAN 20 1942

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

Do not use this

41859

## 1. PLACE OF DEATH

County HarrisonRegistration District No. 341Township MarionPrimary Registration District No. 5478City (No)St. (No) Ward (No)

## 2. FULL NAME

Fredrick J. Allman - no social security number(a) Residence, No. (No)St. (No)Ward. (No)

(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

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

Mrs. Fred Allman

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

Sept 18 1876

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

6492

OCCUPATION

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

merchant

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

lumber

10. Date deceased last worked at this occupation (month and year)

1928

11. Total time (years) spent in this occupation

20

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

Englewood Mo

MOTHER

13. NAME

Pierce J. Allman

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

Johnson County Ia

15. MAIDEN NAME

Mary M. Ingram

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

Uniontown Ia

17. INFORMANT (ADDRESS)

Mrs. Fred Allman  
Blythevale Mo

18. BURIAL, CREMATION OR REMOVAL PLACE DATE

Blythevale Mo 6/22 41

19. UNDERTAKER (ADDRESS)

R. J. Ryan  
Ridgeway Mo

20. FILED

6-22-41

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

June 20 41

22. I HEREBY CERTIFY, That I attended deceased from

6/17/41, 1941, to 6/20/41, 1941.I last saw him alive on 6/20/41, 1941. Death is saidto have occurred on the date stated above, at 10:30 p.m.

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

Cancer of hepatic flexure of colon  
Date of onset 10 mo. 1939

Other contributory causes of importance:

Diagnosed  
by Dr. J. H. Miller  
M.D.

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

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) James S. Miller M.D.(Address) Ridgeway, Mo.

WRITE PLAINLY, WITH UNFAADING 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.

