

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

Do not use this space.

30476

1. PLACE OF DEATH

County Jackson Registration District No.

Township 1 Carr Primary Registration District No.

City 16 City (No. 2526 Washington) St. Ward

File No.
Registered No. 3720
St. Ward

2. FULL NAME Alais Almesberger

(a) Residence. No. 2526 Washington St. 3 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-4-1874

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 2 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Picture framer
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Miss Katherine Almesberger
(Address) 2526 Washington

15. FILED 9/9 2 PM M. Grove REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner
....., 19....., to 19....., and that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Severe Typhoid
167 170 (duration)..... yrs..... mos..... ds.
CONTRIBUTORY (SECONDARY)..... (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination of history

(Signed) Deputy Coroner M. D.

9/7, 1928 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Westmoreland Cemetery DATE OF BURIAL Sept 10 1928

20. UNDERTAKER John A. Mueser ADDRESS 1415 E. 15

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.

