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

Do not use this space.

14589

1. PLACE OF DEATH Barnes Hospital -

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Barnes Hospt St. ..... Ward)

File No. .....

Registered No. 3952

2. FULL NAME Romelia Allmon

(a) Residence. No. Route 1 St., 12 Ward. Benton Ill
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt	44	✓	✓	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin Co
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER Milton Allman

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Frank Easley
(Address) Benton Ill

15. FILED APR 21 1930, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 18 - 30 19

17. I HEREBY CERTIFY, That I attended deceased from 4 - 16 - 30 19, to 4 - 18, 1930 that I last saw him alive on 4 - 18, 1930, and that death occurred, on the date stated above, at 8 15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Intestinal obstruction
Carcinomatosis (Probable)

53E
122B (duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Charles W. Judson, M. D.

, 19 (Address) Barnes Hospital

*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	DATE OF BURIAL
Logan. Ill	Apr 20 1930

20. UNDERTAKER	ADDRESS
J. E. Mitchell	Benton Ill

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.