

SEP 30 1927

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

Do not use this space.

25142

1. PLACE OF DEATH

County PikeRegistration District No. 1686File No. 6Township ShumanPrimary Registration District No. 5913

Registered No. _____

City _____

(No. _____)

St. _____ Ward _____

2. FULL NAME

Ollie Allison

(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 27 yrs. 4 mos. 18 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)FemaleWhiteSingle5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFX

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

Mar 24 - 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.27418

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workHouse Keeping at(b) General nature of industry,
business, or establishment in
which employed (or employer)Father's home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pike (Shuman Township)

10. NAME OF FATHER

J. T. Allison

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Buffalo Township

12. MAIDEN NAME OF MOTHER

Olla Farnsworth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Shuman Township

14.

INFORMANT
(Address)J. T. AllisonCurryville Mo

15.

FILED

8/22/27J. B. Elmore

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 12 19 27

17.

I HEREBY CERTIFY, That I attended deceased from Aug. 12, 1927, to 12 of Aug, 1927,
that I last saw her alive on 12 of Aug, 1927, and that
death occurred, on the date stated above, at 3:01 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Lesion of Heart92A(duration) 20 yrs. _____ mos. _____ ds.CONTRIBUTORY
(SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. C. Elmore

M. D.

8-12, 1927 (Address)*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

Mount Air CemeteryAug 14 19 27

20. UNDERTAKER

ADDRESS

H. B. Elmore Bowling Green

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.

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