

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

Do not use this space.

30705

**1. PLACE OF DEATH**

County Jasper Registration District No. U11 File No. \_\_\_\_\_  
 Township Joplin Primary Registration District No. 2902 Registered In 490  
 City Joplin (No. St. Johns Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16, 1903  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
24 — — \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Mechanic  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stillwell Okla.

10. NAME OF FATHER J. L. Allison  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia  
 12. MOTHER'S NAME OF MOTHER Sallie C. Mattox  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Georgia

14. INFORMANT (Address) H. F. Wilder  
218 N. Franklin St. Joplin Mo

15. FILED 10/17 19 27 Benson Clark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 16 1927  
 17. I HEREBY CERTIFY, that I attended deceased from Coronary Disease that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_ and that death occurred, on the date stated above, at 12:30 A.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Third degree burns over body from gasoline explosion in garage (duration) yrs. mos. da.  
 CONTRIBUTOR (SECONDARY) 181 (duration) yrs. mos. da.  
179

18. WHERE WAS DISEASE CONTACTED IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 8. DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS? (Signed) R. M. Sermon M. D.  
10/16, 1927 (Address) Wobc City, 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 DATE OF BURIAL  
Stillwell Okla 10-17 1927

20. UNDERTAKER ADDRESS  
Miller & Co Joplin Mo

N. B.—Every item of information should be carefully supplied. AGE should be edited EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

