

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

Do not use this space.

1. PLACE OF DEATH

County Linn
Township Canton
City Canton (No.)

Registration District No. 477
Primary Registration District No. 4286

File No. 17671
Registered No. 20
St. Ward

2. FULL NAME

William 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Single

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

Nov 11 - 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

59

5

29

8. OCCUPATION OF DECEASED

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

Merchant

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

La Grange

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

William Allison

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

La Grange

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Elizabeth Henry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

La Grange

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Mrs William Boneberg
Canton Mo

15.

FIXED

May 27, 1928

W. H. Harris

REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

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

May 26 1928

17.

I HEREBY CERTIFY That I attended deceased from May 16th, 1928, to May 26, 1928, that I last saw him alive on May 26, 1928, and that death occurred, on the date stated above, at 5¹⁴ P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Purchase of Linn
124 B
125 B
12 1/2 10 1
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY)

Junction & Draper
(duration) yrs. 1 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?

(Signed) W. H. Harris M. D.

5-27, 1928 (Address) Canton Mo.

*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

Canton Mo

May 28 1928

20. UNDERTAKER

W. S. Kelly

ADDRESS

Canton Mo

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.

