SEP 27 1928

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

Do not use this space.

File No. 29386
Registered No. 40

1. PLACE OF DEATH
County Cambridge Registration District No. 794
Township — Primary Registration District No. (over)
City ... (No. ... St. ... Ward)

2. FULL NAME Sallie B. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr-15-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	59	4	12	

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

9. BIRTHPLACE (CITY OR TOWN) Johnson Co
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Richard Burris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Elizabeth Pitts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs. A. Loudermon
(Address) Garden City Kan.

15. FILED Sept 28 1928 W. M Tuttle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-27- 1928

17. I HEREBY CERTIFY, That I attended deceased from August-25-, 1928, to August-27-, 1928 that I last saw h[illegible] alive on August 27- 1928, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral apoplexy.
89.A
Duration ... yrs. ... mos. 2 ds.

CONTRIBUTORY (SECONDARY) ...
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) M. C. Surgeon, M. D
, 19 (Address) Slater 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 Warrensburg Mo.
DATE OF BURIAL Aug-29 1928
20. UNDERTAKER Young & Salzman
ADDRESS Slater 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.

~~week~~ afternoon
Inc. E. T. 5 P.M. Ramey -
Steinhardt -

Mt. Moriah
K.C. Mo
#9 -