

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

Do not use this space.

9164

1. PLACE OF DEATH

County Shannon
Township Eminee
City Eminee (No. _____)

Registration District No. 824
Primary Registration District No. 6076

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Ella Allison

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

7

4. COLOR OR RACE

W

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

Married

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

Joseph Allison

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

Feb. 25, 1872

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

56

11

26

8. OCCUPATION OF DECEASED

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

Wif

(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)

MO

10. NAME OF FATHER

Mr. Julian

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Rue Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

14.

INFORMANT (Address)

John Julian
Eminee Mo

15.

FILED 2-21, 1929

Frank A. M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1929 to Feb 21, 1929.
that I last saw him alive on Feb 18, 1929, and that death occurred, on the date stated above, at 3:00 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
W3H

CONTRIBUTORY (SECONDARY)

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) Frank A. M.D. M. D.

2-21, 1929 (Address) Eminee 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

Eminee Country

2-22 1929

20. UNDERTAKER

ADDRESS

Min

at 21. Every record of information bearing on CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

225 #647 called by reg. 2-21-29

1
2
2

... of QUALITY in plain terms as that it may be pro-
... should be stated. QUALITY. ... OCCUPATION is very ...

100

**ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.**

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.
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20. UNDERTAKER	ADDRESS
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