

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

Do not use this space.

1. PLACE OF DEATH

County Bates
Township Mt Pleasant
City (No.)

Registration District No. 50
Primary Registration District No. 5-674

File No. 17218
Registered No. 31
St. Ward

2. FULL NAME

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11, 1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
35 11 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Taberville Mo.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Albert Allison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Della Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

14. INFORMANT Mrs. Reid Allison
(Address) Butler Mo.

15. FILED 5/29, 1934 Nina L Culver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1929

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 ,
that I last saw h. alive on , 19 , and that
death occurred, on the date stated above, at M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide with 38 caliber
revolver over right ear.
died instantly.
167 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 170 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED
IF NOT AT PLACE OF DEATH

8. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Free Coroner
5/29, 1929 (Address) Butler, 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 Taberville Mo DATE OF BURIAL May 31 1929

20. UNDERTAKER Culvers ADDRESS Butler, 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.

