

DEC 23 1929

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

Do not use this space.

39504

1. PLACE OF DEATH

County Wayne Co
Township State Creek
City (No.)

Registration District No. 898
Primary Registration District No. 6189

File No.
Registered No. 18
St. Ward

2. FULL NAME

Don 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.

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 Ada Allison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1905 March 16

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 1 25

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; STATE OR COUNTRY) Cherokee Mo

PARENTS

10. NAME OF FATHER George B Allison

11. BIRTHPLACE OF FATHER (CITY OR TOWN; STATE OR COUNTRY) Greenville Mo

12. MAIDEN NAME OF MOTHER Lottie M Allison

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

14. INFORMANT G B Allison
(Address) Cherokee Mo

15. FILED Nov 16 1929 M.H. Hattie McPherson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 5 19 29

17. I HEREBY CERTIFY That I attended deceased from Nov 5 19 29, to Nov 6 19 29, that I last saw him alive on Nov 4 19 29, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. B. Edmonson M. D.

, 19 29 (Address) Puxie 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

Commons Cemetery

DATE OF BURIAL

11/6 19 29

20. UNDERTAKER

None

ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V.S. NO. 1

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.

