

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

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32800

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. Research Ward)

Registration District No. 399
Primary Registration District No. 1002

File No. 4023
Registered No. 3rd (Ward)

2. FULL NAME

William C. Allison
(a) Residence, No. Weston Mo. St., Ward,
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 21 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 Laura Allison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 - 1849

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>80</u>	<u>11</u>	<u>17</u>	

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) Kentucky

10. NAME OF FATHER James Allison

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

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs. Laura Allison (Address) Weston Mo.

15. FILED 10.4.30 M. M. Crowe REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-26-30, 1930, to 10-3-30, 1930 that I last saw him alive on 10-3-30, and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 135A
P. P. Shock
Chr. nephritis
arterio-sclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Supra-tubercular eye disease
(duration) yrs. mos. 7 ds.

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

1 DID AN OPERATION PRECEDE DEATH? DATE 9-26-30
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Walter C. Helms M.D.
104.330 (Address) 1132 Professional

*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 Weston Missouri DATE OF BURIAL Oct 5 1930

20. UNDERTAKER Carroll Dandrea and Co ADDRESS 3024 Trust

CAUSE OF DEATH should be accurately diagnosed. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY the cause of death, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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