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

Do not use this space.

17046

1. PLACE OF DEATH
County Audrain — Registration District No. 26 — File No.
Township Saltrees — Primary Registration District No. 5034 — Registered No. 58
City Mokeno MO (No. ..... St. ..... Ward)

2. FULL NAME William Henry - Allison
(a) Residence. ~~No.~~ R. F. D. 2 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.

JUN 24 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White ~~Male~~
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May-11-1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	11	27	

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): Kansas City MO

PARENTS
10. NAME OF FATHER: John Allison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Mary Booth
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: Henry F. Allison
(Address) Cedar Lake - Indiana

15. FILED May 9th, 1931 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8 1931

17. I HEREBY CERTIFY, That I attended deceased from April first, 1926, to May 8, 1931, that I last saw him alive on Jan 10, 1931, and that death occurred, on the date stated above, at 12:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Organic heart trouble and degree Paralysis of left side 1925 (duration) 6 yrs. 4 mos. 19 ds.

CONTRIBUTORY (SECONDARY) Don't know (duration) ..... yrs. ..... mos. ..... ds.

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) B. L. Libbes, M. D.
, 19 (Address) Mexico 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: Bear Cemetery Audrain County
DATE OF BURIAL: May 10 1931

20. UNDERTAKER: H A Pricht & Son
ADDRESS: Mexico MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

R. T. Gibbs