

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.

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

Do not use this space.

5271

1. PLACE OF DEATH
56 County Lewis Registration District No. 477
1 Township Antonia Primary Registration District No. 4286
2 City Antonia, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Richard 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4, 1868
7. AGE YEARS 63 MONTHS 11 DAYS 17 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 171
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) La Grange, Mo. (STATE OR COUNTRY)

13. NAME William Allison
14. BIRTHPLACE (CITY OR TOWN) La Grange, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Corrie Henry
16. BIRTHPLACE (CITY OR TOWN) La Grange, Mo. (STATE OR COUNTRY)

17. INFORMANT Valeria Allison (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Grove-Canton DATE Feb. 23, 1932

19. UNDERTAKER F. D. Kelly (ADDRESS) Canton, Mo.

20. FILED 2-22-1932 H. W. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1932
22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1931, to Feb. 21, 1932.
I last saw him alive on Feb. 21, 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Diabetes
Other contributory causes of importance: Emerginal hand
Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. Harris, M. D.
(Address) Quinton, Mo.

MAR 23 1932

Date of onset
1930

