

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.

MAY 29 1932

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

11546

1. PLACE OF DEATH
 7 County Bates Registration District No. 50
 3 Township Primary Registration District No. 3064
 4 City Burleson (No. St. Ward)

2. FULL NAME John Henderson Allison
 (a) Residence, No. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Mattie Rose Allison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9, 1853</u>		
7. AGE YEARS <u>78</u> MONTHS <u>10</u> DAYS <u>20</u>	If LESS than 1 day, ... hrs. min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u> <u>2</u>	
	13. NAME <u>J. H. Allison</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u> <u>31</u>	
	15. MAIDEN NAME <u>Don't know</u>	
MOTHER FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	17. INFORMANT <u>J. E. Allison</u> (ADDRESS) <u>Burleson Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill</u> DATE <u>May 1</u> 19 <u>32</u>	
	19. UNDERTAKER <u>Culver</u> (ADDRESS) <u>Burleson Mo.</u>	
20. FILED <u>May 1, 1932</u> <u>Anna L. Culver</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-20th 32, 1932, to 4-29th, 1932.
 I last saw him alive on April 27th, 1932. Death is said to have occurred on the date stated above, at 2 A.M.
 The principal cause of death and related causes of importance were as follows:
Coronary hemorrhage
131
8/11/31
 Other contributory causes of importance:
Chronic Nephritis ①

Name of operation 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 19.....
 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 No

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify L. A. Culver (Signed) M. D.
Burleson, Mo. (Address)

