

JAN 21 1933

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

Do not use this space.

38370

1. PLACE OF DEATH

County Bates Registration District No. 58
Township Pleasant Gap Primary Registration District No. 5092
City (No.)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Newton 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 - 1838
7. AGE YEARS 94 MONTHS 8 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden Co. Mo. - 1

13. NAME Willis Allison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm. 2

15. MAIDEN NAME Rebekah Allison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perm.

17. INFORMANT Mrs. E. J. Hubel (ADDRESS) Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Dec. 3 1932

19. UNDERTAKER Culver (ADDRESS) Butler Mo.

20. FILED Dec 12 1932 J. J. Compton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2, 1932

I HEREBY CERTIFY, that I attended deceased from Jan 1929 1929 to Dec 2 1932
I last saw him alive on Dec 2 1932 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset _____

Other contributory causes of importance: 107A
107A
107A

Name of operation _____ Date of _____
What test confirmed diagnosis? Chen 8 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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) D. J. La Hure M. D.
(Address) Butler, Mo.

