

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

Do not use this space.

38444

1. PLACE OF DEATH

County Buchanan
Township Rushville
City Rushville (No.)

Registration District No. 84
Primary Registration District No. 4052

File No.
Registered No.
St. Ward)

2. FULL NAME Lavilla Eliza Allison

(a) Residence, No. Rushville Pno 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1891
7. AGE YEARS 40 MONTHS 11 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 244
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Near Rushville (STATE OR COUNTRY) Mo

13. NAME Geo Allison

14. BIRTHPLACE (CITY OR TOWN) Near Rushville (STATE OR COUNTRY) Mo

15. MAIDEN NAME Eliza A Giles

16. BIRTHPLACE (CITY OR TOWN) Troy Ohio (STATE OR COUNTRY) Ohio

17. INFORMANT Geo Allison (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sugar Creek DATE 12-18-1932

19. UNDERTAKER William Stanton (ADDRESS) Atchison Kans

20. FILED 12-18-1932 L. F. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1932, to Dec. 16 1932

I last saw her alive on Dec. 15 1932. Death is said to have occurred on the date stated above, at 3 a.m.

The principal cause of death and related causes of importance were as follows:

Vincent's Angina HB
116 158

Other contributory causes of importance:
Influenza & Pyorrhea

Name of operation none Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Arrest Thomas , M. D.
(Address) 801 1/2 Felix

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.

JAN 21 1933

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

