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

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JUL 20 1933

1. PLACE OF DEATH

County *Barry* Registration District No. *29*

Township *Flat Creek* Primary Registration District No. *5038*

City .... (No. ...., St. .... Ward.)

File No. ....

Registered No. *4*

2. FULL NAME *Celia Alison*

(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 *F. m.*

4. COLOR OR RACE *W*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 12, 1932*

7. AGE YEARS ...... MONTHS *3* DAYS *9* If LESS than 1 day, ...hrs. or ......min.

OCCUPATION

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

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) *Barry Co. Mo.*

FATHER

13. NAME *Dilbert Alison*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Barry Co. Mo*

MOTHER

15. MAIDEN NAME *Nickle*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Barry Co. Mo.*

17. INFORMANT (ADDRESS) *E. F. Alison* *Cassville Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sparks* DATE *1-22-1933*

19. UNDERTAKER (ADDRESS) *W. B. Koon* *Cassville Mo*

20. FILED *July 1, 1933* *Mrs. H. R. Williams* *D. J. T.* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 21, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *Jan. 16, 1933,* to *Jan 21, 1933*

I last saw her alive on *Jan. 16, 1933* Death is said to have occurred on the date stated above, at *8:300* m.

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

Brain conditions of unknown origin

Date of onset

Other contributory causes of importance: *Convulsions*

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 ....

24. Was disease or injury in any way related to occupation of deceased? ....

If so, specify ....

(Signed) *Glenn W. Salyer* , M.D.

(Address) *Cassville Mo.*