

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.

39038

1. PLACE OF DEATH

4 County Cape Girardeau
4 Township Waltham
7 City Mexico Mo. (No. _____)

Registration District No. 12Primary Registration District No. 3002

File No. _____

Registered No. 182

St. _____ Ward _____

2. FULL NAME Miss Jennie Evelyn 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

Female

4. COLOR OR RACE

White

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF J. J. Davis Allison6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1907

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

669X

OCCUPATION

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

House wife

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)

South Co. Virginia

13. NAME

Samuel Rice

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

Virginia

15. MAIDEN NAME

Sarah Kelley

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

Virginia

17. INFORMANT (ADDRESS)

Sam Rice
Mexico Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mexico Mo. DATE Dec 3 1933

19. UNDERTAKER (ADDRESS)

W. C. Phelan Bros.
Mexico Mo.20. FILED 12-16 1933J. J. Davis Allison
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15 193322. I HEREBY CERTIFY, That I attended deceased from 10-30 1933 to 12-15 1933I last saw him alive on 12-15 1933. Death is said to have occurred on the date stated above, at 12:50 p.m.

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

Cholecystitis

Date of onset

Other contributory causes of importance

Cholelithiasis & abscess of gall bladderName of operation Trans. Gall bladder 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) Frank Kelley _____, M. D.(Address) Mexico Mo.

