

1934

WR. PLAIN WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

85

270

1. PLACE OF DEATH

County Douglas

Registration District No. 1217 North Seventh

Township St. Joseph

Primary Registration District No. 87

City St. Joseph (No. 1217 North Seventh)

File No. 87

Registered No. 87

St. St. Joseph Ward 87

2. FULL NAME

(a) Residence, No. 1217 No. 7th St., St. Joseph Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucie Allison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 21, 1867</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>3</u>	DAYS <u>1</u>
If LESS than 1 day, ... hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>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) <u>Sept. 1933</u>
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) New Market
(STATE OR COUNTRY) Missouri

13. NAME James H. Allison

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

15. MAIDEN NAME Hettie Buford

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

17. INFORMANT H. S. Allison
(ADDRESS) 1217 No. 7th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Joseph DATE Jan 24, 1934

19. UNDERTAKER E. S. Anderson
(ADDRESS) 602 St. Joseph

20. FILED 1-23 1934 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 1934

22. I HEREBY CERTIFY that I attended deceased from Jan. 11, 1934 to Jan. 22, 1934

Last saw him alive on Jan. 20, 1934 Death is said to have occurred on the date stated above, at 3:15 P.M.

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

Cancer of rectum.

Other contributory causes of importance: U. S.

Name of operation..... 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? No
If so, specify.....
(Signed) Herrie Beck, M. D.
(Address) St. Joseph, Mo.

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.

Feb. 22, 1914