

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

Do not use this space.

1737

FEB 27 1934

1. PLACE OF DEATH

County Le Ray
Township Le Ray
City Lexington

Registration District No. 461

Primary Registration District No. 3024

File No. 8

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 9 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 12-31

7. AGE

YEARS

MONTHS

DAYS

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

2

9

4

OCCUPATION

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

none

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)

Lexington Mo

FATHER

13. NAME

Wm Albert Allison

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

Richmond Mo

MOTHER

15. MAIDEN NAME

Hare Bessie Carter

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

Lexington Mo

17. INFORMANT

(ADDRESS)

Wm Albert Allison

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lexington Mo Jan 17 1934

19. UNDERTAKER

(ADDRESS)

Edgar T. Roberts

20. FILED

Jan 12 1934 Le Ray Brill Bates Registrar

MEDICAL CERTIFICATE OF DEATH

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

Jan 16 1934

22. I HEREBY CERTIFY That I attended deceased from

_____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Meningitis (syphilitic) Date of onset _____

34 79A 34

Other contributory causes of importance:

Congenital Syphilis

Name of operation _____

Date of _____

What test confirmed diagnosis? _____

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) Ed. Johnston, Coroner M. D.

(Address) Concordia

