

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau, Mo. Registration District No. 125
Township 1st Primary Registration District No. 3009
City St. Louis, Mo. (No. St. Louis Hospital)

File No. 8130
Registered No. 72
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. 3 mos. 15 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child of Leonard Allison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 29, 1935</u>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.	<u>3</u> <u>15</u>	
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)

13. NAME Leonard Allison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Point Pleasant, Missouri
15. MAIDEN NAME Karl Bluckhurn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adrian, Missouri

17. INFORMANT (ADDRESS) Leonard Allison, 112 E. Sprague

18. BURIAL, CREMATION, OR REMOVAL PLACE Adrian, Mo. DATE March 15, 1938

19. UNDERTAKER (ADDRESS) Mustepf - Newell Funeral Home

20. FILED 3/15/38 W. R. Kuyper Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar 13, 1938, to Mar 14, 1938.
I last saw her alive on Mar 12, 1938. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

107A
107A

Other contributory causes of importance:

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) Dr. Paul R. Williams, M. D.
(Address) Cape Girardeau, Mo.

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