

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.

DEC 21 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

41774

1. PLACE OF DEATH

County Wayne
 Township Long Creek
 City — (No. —)

Registration District No. 892
 Primary Registration District No. 6189

File No. —
 Registered No. 22
 St. — Ward —

2. FULL NAME

Roxie B. Allison

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

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. (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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miller Allison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 8 1902</u>		
7. AGE YEARS <u>33</u>	MONTHS <u>1</u>	DAYS <u>13</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>House Keeper</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>—</u>	
11. Total time (years) spent in this occupation <u>—</u>		
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Greenfield Mo.</u>	
	13. NAME <u>Louis Moore</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
	15. MAIDEN NAME <u>Berry</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>—</u>	
	17. INFORMANT <u>Miller Allison</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Champion</u> DATE <u>11-24</u> 19 <u>34</u>		
19. UNDERTAKER <u>Home Make Coffin</u> (ADDRESS)		
20. FILED <u>Nov. 23</u> 19 <u>34</u> <u>Mrs. Hattie Meyhe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-22- 1934 to 11-22 1934

I last saw her alive on 11-22 1934. Death is said to have occurred on the date stated above, at 120 m.

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

Chronic Uremic Poisoning
during child birth
1910

Date of onset

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? No
 If so, specify —
 (Signed) E. E. Olson, M. D.
 (Address) Champion Mo.

