

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.

AUG 14 1935

22646

1. PLACE OF DEATH

County Franklin
Township Saline
City Smith Mo (No.)

Registration District No. 290
Primary Registration District No. 5408

File No. 8
Registered No. 54
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. 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>Lillian Louise Allison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 1895</u>		
7. AGE YEARS <u>40</u> MONTHS <u>4</u> DAYS <u>19</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)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
FATHER	13. NAME <u>John C. Allison</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
MOTHER	15. MAIDEN NAME <u>Mary Culture</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
17. INFORMANT (ADDRESS) <u>Louise A. Spillman</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Linwood R.R.</u> DATE <u>July 23</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>M. J. Denny, 1111 S. Main St., Smith Mo</u>		
20. FILED <u>8-1</u> 1935 <u>W. A. Spillman</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1935

22. I HEREBY CERTIFY that I attended deceased from Smith Mo 1935 to 1935

I last saw h. alive on 1935. 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:

Being shot by a 32 cal pistol S. & W. in the hands of Mrs. Allison, wife of J. C. Allison with felonious intent

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 21 July 1935

Where did injury occur? Public Place (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 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) J. D. R. G. 2nd, M. D.
(Address) Kenett, Mo

