

SEP 18 1935

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

Do not use this space.

25602

1. PLACE OF DEATH

County Buchanan

Registration District No. 35

Township St. Joseph, Mo.

Primary Registration District No. 1001

City St. Joseph, Mo.

(No. St. Joseph's Hosptl.)

File No. 818

Registered No. 818

St. Ward

2. FULL NAME

Mrs. G. M. Allison

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

(If nonresident, give city or town and State)

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

Female

4. COLOR OR RACE

White

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

Married

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

Geo. M. Allison

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

August 22, 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

11

9

OCCUPATION

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

Housewife

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)

Unknown Kentucky

FATHER

13. NAME

James Dickson

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

Unknown Kentucky

15. MAIDEN NAME

Martha Pepper

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

Unknown Virginia

17. INFORMANT (ADDRESS)

Geo. Allison Rushville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rushville Mo DATE Aug. 3, 1935

19. UNDERTAKER (ADDRESS)

FLEEMAN MORTUARY, INC. St. Joseph, Mo.

20. FILED

8-2 1935

John Henderson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935 to July 31, 1935, 1935

I last saw him alive on July 31, 1935 Death is said

to have occurred on the date stated above, at 5:45 a.m.

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

Chamrosis of heart

Date of onset

Other contributory causes of importance:

Chronic Myocarditis

Name of operation none Date of none

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury none, 1935

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Coronary Thrombosis

(Signed) James Thomas, M. D.

(Address) 131 Marion

