

SEP 25 1935

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

Do not use this space.

26458

1. PLACE OF DEATH

County Jackson Registration District No. 100
Township Kanawha Primary Registration District No. 100
City Kansas City (No. 400 General Hosp) St. Mo. (Ward)

File No.
Registered No. 100
St. Mo. (Ward)

2. FULL NAME

(a) Residence, No. 4302 E 25th St. Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 10 7

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

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) Indiana

13. NAME James Allison

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

15. MAIDEN NAME Elizabeth Layton

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

17. INFORMANT (ADDRESS) Deputy Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE Aug 13, 1935

19. UNDERTAKER (ADDRESS) Clyde Funeral Home

20. FILED 8-13, 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-11, 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-3, 1935, to 8-11, 1935

I last saw him alive on 8-11, 1935 Death is said

to have occurred on the date stated above, at 10:55 AM

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

Fracture of femur caused by accidental fall in home

Date of onset

Other contributory causes of importance:

Name of operation 1860 Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) P. J. De Maria, M. D.

(Address) Asst Supr K C Gen Hosp

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.

THIS IS A PERMANENT RECORD

