

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.

AUG 21 1935

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

Do not use this space.

27104

1. PLACE OF DEATH

County MONROE Registration District No. 582
 Township JACKSON Primary Registration District No. 5779
 City (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 44

2. FULL NAME

ROY G. ALLISON

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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>Agnes Allison</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 6 1891</u>				
7. AGE YEARS <u>44</u>	MONTHS <u>5</u>	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 5 1935 19

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:10 P. m.

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

OCCUPATION

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

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) Aug. 1935

11. Total time (years) spent in this occupation 6

Found dead Cause of death Coronary Thrombosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Missouri

13. NAME Joseph Edward Allison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

MOTHER

15. MAIDEN NAME Mary Riggs

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

17. INFORMANT (ADDRESS) J. E. Allison Paris Mo.

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 _____

18. BURIAL, CREMATION OR REMOVAL PLACE Walnut Grove DATE Aug. 7 1935

19. UNDERTAKER (ADDRESS) Speed & Blakely Paris Mo.

20. FILED AUG 5 1935 H. C. Payne Registrar.

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

If so, specify _____

(Signed) W. E. Johnson, M. D.
 (Address) Paris, Missouri

