

FEB 20 1936

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

Do not use this space.

2233

1. PLACE OF DEATH

County MONROE  
Township  
City PARIS (No. ....)

Registration District No. 582  
Primary Registration District No. 4344

File No. ....  
Registered No. 3  
St. .... Ward)

2. FULL NAME

JOSEPH EDWARD ALLISON

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

Length of residence in city or town where death occurred 27 yrs. 3 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 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 MARY Allison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 20, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 7 22

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

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) JAN. 1936 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JACKSON Co. Mo.

13. NAME JOHN ALLISON

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

15. MAIDEN NAME SARAH BROWN

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

17. INFORMANT Mrs. MARY ALLISON (ADDRESS) PARIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE JAN 14 1936

19. UNDERTAKER SPEED & BLAKEY (ADDRESS) PARIS, Mo.

20. FILED JAN 13 1936 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 12 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1936 to Jan 12 1936

I last saw him alive on Jan 12 1936 Death is said to have occurred on the date stated above, at 11:50 A.M.

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

Cocaine Intoxication Date of onset 1/12/36

Other contributory causes of importance: Chronic Nephritis N.Y.K.

Name of operation ..... Date of .....

What test confirmed diagnosis? urine Was there an autopsy? no

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) W. M. Ruppel, M. D. (Address) PARIS, Mo.

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.

