MAY 22 1936 **MISSOURI STATE BOARD OF HEALTH**
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15812

1. PLACE OF DEATH
County _Lafayette_   Registration District No. _46 0_
Township _Davis_   Primary Registration District No. _5-623_
City _____ (No. _____)

File No. _____
Registered No. _____
St. _____ Ward.

2. FULL NAME _James J. 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   yrs.   mos.   ds.   How long in U. S., if of foreign birth?   yrs.   mos.   ds.

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _M_   4. COLOR OR RACE _W_   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _Single_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _4 - 27_ , 19_36_

22. I HEREBY CERTIFY, That I attended deceased from _4 - 25_ , 1936, to _4 - 27_ , 1936.
I last saw h_____ alive on _____, 19_____, Death is said
to have occurred on the date stated above, at _7_ _____ m.
The principal cause of death and related causes of importance were as follows:

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _4-25-36_

7. AGE   YEARS _____   MONTHS _____   DAYS _2_   If LESS than 1 day, _____ hrs. or _____ min.

Date of onset

	Date of onset
Hysteria	_45_

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

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) _Lafayette Co._ _Mo._
(STATE OR COUNTRY)

13. NAME _Leo J. Allison_

14. BIRTHPLACE (CITY OR TOWN) _Florida_ _Mo._
(STATE OR COUNTRY)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME _Elvira Frazzell_

16. BIRTHPLACE (CITY OR TOWN) _Texas_ _Mo._
(STATE OR COUNTRY)

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.

17. INFORMANT _J. A. Allison_
(ADDRESS) _Waverly Mo._

18. BURIAL, CREMATION, OR REMOVAL
PLACE _Waverly_ DATE _4/28/36_

19. UNDERTAKER _Fox Funeral Home_
(ADDRESS) _Carrollton Mo._

20. FILED _May 1_, 19_36_ _W. G. Mott_ Registrar.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) _Leo J. Jones_ , M.D.
(Address) _Waverly, Mo._