

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

Do not use this space.

Aug 28 1936

27633

1. PLACE OF DEATH

County Culbuck
 Township Liberty
 City Richland (No. _____)

Registration District No. 412
 Primary Registration District No. 5941

File No. _____
 Registered No. 19 (St. _____ Ward)

2. FULL NAME

(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

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 OR (OR) WIFE OF Lottie Allison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 4 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) _____ 11. Total time (years) spent in this occupation 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME William Allison

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

15. MAIDEN NAME unknown

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

17. INFORMANT A. E. Allison (ADDRESS) Chairman Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Okla DATE 7/8/36

19. UNDERTAKER (ADDRESS) Richland Mo

20. FILED 7.8.1936 Orrett B. Oliver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/7 1936

22. I HEREBY CERTIFY, That I attended deceased from 1935-2-8, 1935, to 7-3, 1936
 I last saw him alive on 7-3, 1936 Death is said to have occurred on the date stated above, at 8-P a.m.
 The principal cause of death and related causes of importance were as follows:

46
no record of
no record
 Other contributory causes of importance: _____
 Date of onset 1935

Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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) A. E. Allison M. D.
 (Address) Richland 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.

