

An Marshall

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

Do not use this space.

OCT 23 1936

35007

1. PLACE OF DEATH

County Mississippi
Township Springfield
City Charleston (No. _____)

Registration District No. 576
Primary Registration District No. 3030

File No. _____
Registered No. 118
St. _____ Ward _____

2. FULL NAME

Eddie Marie Alliston

(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 54 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 Luther Alliston
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1882
7. AGE YEARS 54 MONTHS 3 DAYS 4 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston Mo.
13. NAME Darby Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
15. MAIDEN NAME Harris Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Luther Alliston Charleston, Mo. (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Dan Grove Cemetery DATE Sept 11 36
19. UNDERTAKER Frank Lee Funeral Service (ADDRESS) Charleston, Mo.
20. FILED 9-11- 1936 J. D. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH 7:30 a.m.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 11 1936
22. I HEREBY CERTIFY, That, I attended deceased from Sept 11 1936 to Sept 11th 1936
I last saw her alive on Sept 15th 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cancer of womb

Other contributory causes of importance:

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

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) R. H. ... M. D.
(Address) Charleston Mo.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

V.S. NO. 2
100M-3-28-35

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.

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