

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 3400 Troost) St. _____ Ward _____

9621
File No. _____
Registered No. 1338

2. FULL NAME William Roberdeau Allison

(a) Residence, No. 3400 Troost St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Rebecca Allison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 1 3

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

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 _____

12. BIRTHPLACE (CITY OR TOWN) Calhoun
(STATE OR COUNTRY) Mo.

13. NAME Henry Robereau Allison

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

15. MAIDEN NAME Mrs. Morgan

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

17. INFORMANT Mrs. Rebecca Allison
(ADDRESS) 3400 Troost

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah DATE March 20, 1937

19. UNDERTAKER D.W. Newcomer's Sons
(ADDRESS)

20. FILED Mar 18 1937 M.M. Brown
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1937, to Mar 17, 1937

I last saw him alive on Mar 17, 1937. Death is said to have occurred on the date stated above, at 4:05 P.M.

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

Lobar Pneumonia

Other contributory causes of importance:

Chronic Myocarditis

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? No.
If so, specify _____

(Signed) Chas. F. Clark, M. D.

(Address) 223 W. Wash Bldg
Kansas City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Argyle Bldg.