

APR 19 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Dunklin
 Township Salmon
 City (No.) Ward

Registration District No. 290
 Primary Registration District No. 5408

File No. 11799
 Registered No. 90

2. FULL NAME

Vinie Evelyn 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 1 8

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) X 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin County Mo

13. NAME W. A. J. Wilson

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

15. MAIDEN NAME Luisa Braman

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

17. INFORMANT (ADDRESS) Luther Allison Smith Mo R-3

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Cemetery DATE March 1 1937

19. UNDERTAKER (ADDRESS) M. Daniel Wilson Smith Mo

20. FILED Apr 19 1937 A. S. McDaniel Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1937, to Feb 28, 1937. I last saw him alive on Oct 15, 1937. Death is said to have occurred on the date stated above, at 9:30 P. M.

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

Pulmonary Tuberculosis Date of onset about 2 yrs ago.

Other contributory causes of importance: 22

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? Yes

If so, specify Boyle Spender

(Signed) Smith Mo, M. D.

(Address) Smith 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.

