

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

Do not use this space.

AUG 18 1937

1. PLACE OF DEATH

County Barry Registration District No. 29
Township Flat Creek Primary Registration District No. 5038
City _____ (No. _____)

File No. 26576
Registered No. 45
St. _____ Ward _____

2. FULL NAME

Gabriel Price Allison
(a) Residence, No. Route 2, Cassville, Mo. Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 20 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

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 Tina Allison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9, 1868
7. AGE YEARS 68 MONTHS 9 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stone Cutter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Monuments
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri

13. NAME James Warren Allison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

15. MAIDEN NAME Mary Ann Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT (ADDRESS) Tom Craig

18. BURIAL, CREMATION, OR REMOVAL PLACE Corinth DATE 7-20 1937

19. UNDERTAKER (ADDRESS) Kean Funeral Home

20. FILED 7-21 1937 Geo. Newman Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-18 1937

22. I HEREBY CERTIFY, That I attended deceased, from _____, 19____, to time of death, 19____.

I last saw him alive on 7-18-37, 19____. Death is said to have occurred on the date stated above, at 7:40 P.M.

The principal cause of death and related causes of importance were as follows:
Ulcero-vascular Callosities
with ganglionic P.P. of
throat & stomach

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? none 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) J. H. Bond M. D.

(Address) Cassville, Mo.

