

RECD SEP 14 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

28519

Do not use this space.

## 1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 135  
 (b) Township " Primary Registration District No. 3009  
 (c) City Cape Girardeau (d) Street No. " St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Robert Christ Allison  
 (a) Residence, No. " St. " (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF "  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 30 1928  
 7. AGE YEARS 9 MONTHS 11 DAYS 12 10 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as 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) Cape Girardeau (STATE OR COUNTRY) Mo

FATHER 13. NAME Robert W Allison  
 14. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY) Texas

MOTHER 15. MAIDEN NAME Christine Glueck  
 16. BIRTHPLACE (CITY OR TOWN) Portageville (STATE OR COUNTRY) Mo

17. INFORMANT R.W. Allison (ADDRESS) Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cemetery DATE Aug 12 1938

19. FUNERAL DIRECTOR (NAME) Brinkopf Howell (ADDRESS) Cape Girardeau Mo

20. FILED 8-10-38 J.M. Thompson Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1938 19

22. I HEREBY CERTIFY, That I attended deceased from July 9 1938 to Aug 10 1938  
 I last saw him alive on Aug 10 1938 Death is said to have occurred on the date stated above, at 8:10 p.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
mitral regurgitation

Other contributory causes of importance:

Scarlet Fever 1935

Name of operation None 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 George H. Walker M. D.  
 (Signed) George H. Walker (Address) Cape Girardeau Mo

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**