

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.

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

REC APR 24 1939

9901
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
(b) Township Salt River Primary Registration District No. 3002 Registered No. 35
(c) City Mexico Mo (d) Street No. Audrain County Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Steven R. Allison

(a) Residence, No. 107a N. Washington St. ☐
(Usual place of abode, if no street address, write county or city) (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Abbison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1859
7. AGE YEARS 80 MONTHS 1 DAYS 4 If LESS than 1 day, ...hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
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) unknown 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith County, Va.

FATHER 13. NAME John Allison

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

MOTHER 15. MAIDEN NAME Nancy Allison

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

17. INFORMANT Wm. Allison
(ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood, Mexico Mo DATE 3/7/39

19. FUNERAL DIRECTOR (NAME) Chas. Arnold Jr.
(ADDRESS) Mexico, Mo.

20. FILED March 6, 1939 Blanche Neely
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 4, 1939 to Mar 6, 1939

I last saw him alive on Mar 5, 1939. Death is said to have occurred on the date stated above, at 4:20 a.m.

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

Coronary disease
Ch. Cayleap

Date of onset

Other contributory causes of importance:

Senility
Aneurysm

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) R. J. Williams, M. D.

(Address) Mexico, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-540

Date Filed APR 20 1939

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,

Amos Amos

, or by

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

Signed

Amos Amos

Licensed Embalmer No.

3569

P. O. Address

Minneapolis Mo

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.