

REC'D JUL 18 1939

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

22737
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe Registration District No. 581
(b) Township Monroe Primary Registration District No. 5789
(c) City _____ (d) Street No. _____ 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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

John Patrick McAllister
(a) Residence, No. MONROE CITY, R.F.D. 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 Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Mary A. McAllister

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 1895

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 6 13

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
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) 1938 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Patrick McAllister

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

MOTHER 15. MAIDEN NAME Mary Hamilton

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

17. INFORMANT (ADDRESS) Mary A. McAllister
Monroe City Mo. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Adair Mo. DATE June 16 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wilson & Son
Monroe City Mo.

20. FILE June 15 1939 W.D. Puckin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13 1939

22. I HEREBY CERTIFY, That I attended deceased from June 12 1939, to June 13 1939
I last saw h. i. m. alive on June 13 1939. 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:

Cerebral Hemorrhage Date of onset June 12 1939

Other contributory causes of importance: g. d.

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) Harold J. C. Ellis, D.O., M.D.
513 (Address) Monroe City - Mo.

K. 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.

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RECEIVED

District Health Officer No. 10

District File Number 7-39-1164

Date filed JUL 8 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, or by myself

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

Signed O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City 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.