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

32488
Do not use this space.

REG'D OCT 12 1939

1. PLACE OF DEATH
(a) County Jackson
(b) Township or City Kansas City
(c) City Montrose
(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 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 352
Primary Registration District No. 4209
Registered No. 19

2. PRINT FULL NAME Lydia Bell Allison
(a) Residence, No. ..... St. Bates Co.
(Usual place of abode, if no street address, write county or city)
Spruce, Missouri
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF George W. Allison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	82	7	18	

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. Home wife
10. Date deceased last worked at this occupation (month and year) 1937 ± 1 yr
11. Total time (years) spent in this occupation 61

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Breckenridge Caldwell Co. Mo.

FATHER
13. NAME Marion Welker
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Ohio

MOTHER
15. MAIDEN NAME Harriet McGee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millville Ray Co. Missouri

17. INFORMANT (ADDRESS) Gempal L. Stevens Montrose, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Johnstown DATE Sept 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lemert & Lemert Montrose Mo

20. FILED ..... 19 .....
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1939, to Sept. 19, 1939
I last saw her alive on Sept. 19, 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:

	Date of onset
Gastric carcinoma	

Other contributory causes of importance:

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) W. E. Baggerly, M. D.
(Address) Montrose Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

V. S. NO. 2.
50M-9-19-38
1 X16805

RECEIVED
District Health Officer No. 7
District File Number 7-39-1472
Date Filed 10-11-39

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 Oscar Eckhoff

Licensed Embalmer No. 3 9 x 2

P. O. Address Appleton 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.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

32488
Do not use this space.

1. PLACE OF DEATH
(a) County Henry — Registration District No. 3S-2
(b) Township — Primary Registration District No. 4209 — Registered No. 19
(c) City Montrose (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 ____ yrs. ____ mos. ____ ds. (f) How long in U. S., if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. PRINT FULL NAME Lydia Bell Allison
(a) Residence, No. ____ 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: F | 4. COLOR OR RACE: W | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Geo W Allison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1-31-1857

7. AGE — YEARS: 82 | MONTHS: 7 | DAYS: 18 | 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) ____ (STATE OR COUNTRY) ____

FATHER
13. NAME ____
14. BIRTHPLACE (CITY OR TOWN) ____ (STATE OR COUNTRY) ____

MOTHER
15. MAIDEN NAME ____
16. BIRTHPLACE (CITY OR TOWN) ____ (STATE OR COUNTRY) ____

17. INFORMANT ____ (ADDRESS) ____

18. BURIAL, CREMATION, OR REMOVAL
PLACE ____ DATE ____, 19__

19. FUNERAL DIRECTOR Leverty & Leverty (ADDRESS) Montrose Iowa

20. FILED 9-20, 1939 W. E. Baggerly Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-19, 1939

22. I HEREBY CERTIFY, That I attended deceased from ____, 19__ to ____, 19__
I last saw h__ alive on ____, 19__ Death is said to have occurred on the date stated above, at ____m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	

Other contributory causes of importance:

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? ____
If so, specify ____
(Signed) W. E. Baggerly, M. D.
(Address) Montrose Iowa

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.