

1939 OCT 16

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

33346
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 749
(b) Township Richmond Primary Registration District No. 3-025 Registered No. 243
(c) City (d) Street No. 59713 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 Wm. B. Allison

(a) Residence, No. Ray Co. Home 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Sharp Alder
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1852
7. AGE YEARS 87 MONTHS 4 DAYS 1 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) Ray Co Mo

FATHER 13. NAME Chris Allison

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

MOTHER 15. MAIDEN NAME Mary F Williams

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

17. INFORMANT (ADDRESS) Mrs Maul Braddie Orisk Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE South Pt DATE 9-5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edson J. Lee Orisk Mo

20. FILED Oct 1 1939 Mal Jackson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1939
22. I HEREBY CERTIFY, That I attended deceased from 5-15 1939 to 9-5 1939
I last saw h. alive on 9-1 1939. Death is said to have occurred on the date stated above, at 7:45 p.m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Chronic Nephritis
Date of onset ?
Other contributory causes of importance:
Name of operation Phys Ex Date of
What test confirmed diagnosis Phys Ex 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 MC
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Coon M. D.
(Address) Richmond Mo

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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10/5/39

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.....

E. Gibson....., Registered Apprentice No. 151
working under my personal supervision.

Signed.....
E. Gibson

Licensed Embalmer No. 2297

P. O. Address.....
Crack 2 MD

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.