

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

Do not use this space.

1. PLACE OF DEATH **Veterans' Administration Hospital, 389**

981

County **Jackson**

Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_

Township **Law**

Primary Registration District No. \_\_\_\_\_

Registered No. **19**

City **Kansas City, Mo.** (No. \_\_\_\_\_)

**Veterans Hosp**

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME **ALLISON, Frank David**

**C-None WOE**

(a) Residence, No. **115 N Lawndale Ave.,** St. **10** Ward **10**  
(Usual place of abode) **Kansas City, Missouri.**

**Cpl Co K 12th Bn. Inf.**

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX **Male**  
4. COLOR OR RACE **White**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 4, 1932**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. Wynona Allison**

22. I HEREBY CERTIFY, That I attended deceased from **November 14, 1931** to **January 4, 1932**.

I last saw h. **im** alive on **January 4, 1932**. Death is said to have occurred on the date stated above, at **7:05 P.M.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 27, 1889**  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**42 10 7**

**Pituitary Tumor** Date of onset **Unknown**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Truck Driver, 104**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

**Gliosarcoma of Cerebrum**  
**530**

Other contributory causes of importance:  
**S.S.E. J.C.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania 2**

FATHER 13. NAME **Samuel Allison**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? **Phys. Exam.** Was there an autopsy? **Yes**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**

MOTHER 15. MAIDEN NAME **Sarah Kittner**

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.

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pennsylvania**

Manner of injury \_\_\_\_\_  
Nature of injury **①**

17. INFORMANT **Mrs. Wynona Allison (wife)**  
(ADDRESS) **115 N Lawndale Ave.**

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL **Kansas City, Mo.**  
PLACE **Wesley M.** DATE **1-6-32**

(Signed) **W.E. Chambers**, M. D.

19. UNDERTAKER **Wesley M.**  
(ADDRESS) **Kansas City, Mo.**

**W.E. CHAMBERS, Med. Officer in Charge**  
**Veterans' Administration Hospital,**  
**Kansas City, Missouri**

20. FILED **Jan 32 M. J. Brown**  
**Registrar.**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item or information should be carefully supplied. AGE shown or stated exactly.

