

Call JUN-8 1938

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

Hall & Callaway
18252
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 315
 (b) Township _____ Primary Registration District No. 2001 Registered No. 387
 (c) City Springfield Street No. St. John's 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

(a) Residence, No. Wm. L. Allison 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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Betty Allison
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4-1867
 7. AGE YEARS 71 MONTHS 1 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jamestown, Missouri

FATHER
 13. NAME Marion Allison
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
 15. MAIDEN NAME Kathryn Page
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) J. C. Allison (Bus) Hallister, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bronson, Mo. DATE May 6 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alysa Farnley Springfield, Mo.

20. FILED May 6 1938 Chas. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 1 1938, to May 4 1938. I last saw _____ alive on May 3 1938. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Enterocolitis
Acute nephritis
 Date of onset 4/21/38
130

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) Ray D. Callaway, M. D.
 (Address) Springfield, Mo.

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

.....
Licensed Embalmer No.

P. O. Address

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.