

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

5923
Do not use this space.

1. PLACE OF DEATH *FILED MAR 11 1940*
 (a) County Buchanan Registration District No. 85
 (b) Township..... Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. 1203 Corby 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 123

2. PRINT FULL NAME 425 Louella D Allison
 (a) Residence, No. 1203 Corby St. St. Joseph, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF James M. Allison
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14, 1872
 7. AGE YEARS 67 MONTHS 5 DAYS 19 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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) Clinton County, Missouri (STATE OR COUNTRY)
 FATHER 13. NAME Thomas Wright
 14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)
 MOTHER 15. MAIDEN NAME Sarah Slavin
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT James M. Allison (ADDRESS) 1203 Corby St. St. Joseph
 18. BURIAL, CREMATION, OR REMOVAL at St. Joseph, Mo. PLACE Allen Cemetery DATE Feb. 4, 1940
 19. FUNERAL DIRECTOR (NAME) H. A. Sullivan (ADDRESS) St. Joseph, Mo.
 20. FILED Feb 3 1940 H. J. Nestel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 3, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1940, to February 3, 1940
 I last saw her alive on Feb 2, 1940 Death is said to have occurred on the date stated above, at 4:15 A.M.
 The principal cause of death and related causes of importance were as follows:
chronic myocardial insufficiency
 Date of onset unknown
 Other contributory causes of importance: none
 Name of operation none 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) Gustav Stear M. D.
 (Address) St. Joseph, Mo.

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

30M-9-19-38 I X16605

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.

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 H. A. Sullivan.....

Licensed Embalmer No. 1738.....

P. O. Address Gower, 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.