

Warten

35

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6518
Do not use this space.

RIP MAR 19 1940

1. PLACE OF DEATH

(a) County... Shannon Registration District No. 290
(b) Township... Wade Primary Registration District No. 5408
(c) City...
(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

James Titus Allison
(a) Residence, No. Senate St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Allison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 1874
7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 65 2 6
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer
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) Missouri

FATHER 13. NAME J. T. Allison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont. Tenn

MOTHER 15. MAIDEN NAME Mary Sproum

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

17. INFORMANT (ADDRESS) Robert E. Martin
Senate Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Senate DATE Feb 17 40

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Levy Service
Senate Mo

20. FILED Mar 6 1940 A. D. McDaniel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 16 1940

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1939 to Jan 26 1940
I last saw him alive on Feb 15 1940 Death is said to have occurred on the date stated above, at 9:40 a.m.
The principal cause of death and related causes of importance were as follows:

Endocarditis
Date of onset 3 yrs ago

Other contributory causes of importance: Shunt

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) Robert E. Martin M. D.
(Address) Senate Missouri

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.

MARGIN RESERVED FOR BINDING

50M-9-19-38 1 X18605

RECEIVED

District Health Officer No. _____

District File Number 346-79

Date Filed 3/14/4

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 No _____
_____, 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.