

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

Do not use this space.

NOV 20 1934

37093

1. PLACE OF DEATH

County Jay Registration District No. 744
Township Richmond Primary Registration District No. 3036 File No. _____
City Richmond St. _____ Ward _____ Registered No. 193

2. FULL NAME

(a) Residence, No. Elmore D. Allison Ward. _____
(Usual place of abode) Jaylin Missouri (If nonresident, give city or town and State)
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

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 Margaret Allison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 29, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
50 10 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laurson Missouri

FATHER 13. NAME Wesley M. Allison

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

MOTHER 15. MAIDEN NAME Mary T. Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Missouri

17. INFORMANT (ADDRESS) Mr. John Allison Richmond Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE October 10, 1934

19. UNDERTAKER (ADDRESS) A. D. Mansour Richmond Missouri

20. FILED 11-9 19 34 E. E. Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1934, to _____, 19____. I last saw him _____ alive on Oct 7, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

168 Suicide by cutting throat. Date of onset _____
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:
suicide Accident, suicide, or homicide, _____ Date of injury Oct 7, 1934
Where did injury occur? Richmond Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury Public Home _____
Nature of injury cut throat - razor _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. E. Ray (Address) Richmond

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.

THIS IS A PERMANENT RECORD

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