

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.

JUN 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Montana
Township Walker
City California (No.)

Registration District No. 571
Primary Registration District No. 5769

File No. 20719
Registered No. 21
St. Ward

2. FULL NAME

William Joseph Allie
(a) Residence, No. St. Ward
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9 - 1860

7. AGE YEARS 77 MONTHS 1 DAYS 2 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Montana Co

13. NAME John L. Allie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co

15. MAIDEN NAME Polly Ann Hays

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montana Co

17. INFORMANT (ADDRESS) Mrs W J Allie

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic Cem DATE 5/14 1937

19. UNDERTAKER (ADDRESS) Willems & Freedmeyer

20. FILED 5-14-37 H.R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-11-1937

22. I HEREBY CERTIFY, That I attended deceased from never treated him, 19
I last saw him alive on sudden death, 19 Death is said to have occurred on the date stated above, at m.

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

Coronary Thrombosis
Cause Unknown

Other contributory causes of importance: AKB

Name of operation none Date of
What test confirmed diagnosis? history Was there an autopsy? yes

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) H.R. Popejoy Coroner, M. D.
(Address) California Mo.

