

Local Registrar's No.

291

Form No. VS 12-1-55-50M

State Birth No.

# WISCONSIN STATE BOARD OF HEALTH ORIGINAL CERTIFICATE OF DEATH

State Filing Date Jul 9 1957

Please Cooperate. Use black ink to improve a photostatic copy of this record for legal purposes. Type if possible.

1. PLACE OF DEATH a. COUNTY <u>Kenosha</u>		2. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Kenosha</u> TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Mundelien</u> TOWN	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Kenosha Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>169 North Prairie Avenue</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Milo</u>	b. (Middle) <u>HENRY PETER</u>	c. (Last) <u>Allison</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 18, 1957</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 16, 1889</u>	9. AGE (In years) <u>67</u>	If under 1 year: Months   Days	If under 24 hrs.: Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WATCHMAN</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>AMERICAN BRASS CO.</u>	11. BIRTHPLACE (State or foreign country) <u>ELK RAPIDS, MICHIGAN</u>	12. CITIZEN of WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>JOSEPH ALLISON</u>	14. MOTHER'S MAIDEN NAME <u>ANN MC VICKER</u>	<u>4200</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>393-09-0983</u>	17. INFORMANT <u>Hansen Funeral Home</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Arteriosclerotic heart disease</u>		Interval Between Onset and Death <u>1 week</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Cerebral hemorrhage</u>		
	DUE TO (c) <u>Left hemiplegia</u> <u>Chronic nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal pneumonia</u>			

19a. DATE OF OPERATION <u>July 4, 1957</u>	19b. MAJOR FINDINGS OF OPERATION <u>Old Ca. of penis</u>	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 12, 1957 to June 18, 1957, that I last saw the deceased alive on June 17, 1957, and that death occurred at \_\_\_\_\_ m., from the cause and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>[Address]</u>	23c. DATE SIGNED <u>[Date]</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 22, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAKEWOOD CEMETERY</u>	24d. LOCATION (City, town or county) (State) <u>LAKEWOOD, WISCONSIN</u>
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DATE REC'D BY LOCAL REG. <u>6-21-57</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR <u>[Signature]</u>	ADDRESS <u>[Address]</u>
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Reserved for coding
Hospital <u>01</u>
Residence <u>X</u>
Age <u>33</u>
Acc
Acc. Place
Local—Cause of death <u>15200</u>