

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

Do not use this space.

15137

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 1  
 Township Law Primary Registration District No. 1002 Registered No. 2005  
 City K.C. Mo. (No. 2736 - East 39th) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Ralph Mallory  
 (a) Residence. No. 2736 - E - 39th St. \_\_\_\_\_ Wd. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec-28-1866</u>		
7. AGE	YEARS	MONTHS
	<u>60</u>	<u>4</u>
		<u>18</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired Postal Clerk</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Illinois

PARENTS	10. NAME OF FATHER <u>John Mallory</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>
	12. MAIDEN NAME OF MOTHER <u>Sarah Thompson</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>England</u>	

14. INFORMANT Mrs. W. S. Nuttall  
 (Address) 2736 - E - 39th St.

15. May 16, 1927 M. M. Crane  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-16, 1927

17. I HEREBY CERTIFY That I attended deceased from May 11, 1927 to May 16, 1927 that I last saw him alive on May 14, 1927 and that death occurred, on the date stated above, at 5:30 AM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
90 cerebral apoplexy  
74 had  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 5 ds.

CONTRIBUTORY (SECONDARY) arteriosclerosis  
 (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
 (Signed) Ward H. Leonard, M. D.  
5-16, 1927 (Address) 3232 Sumner

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL 5/18 1927

20. UNDERTAKER Mrs. C. L. Foster ADDRESS K.C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3232 Summit

H.P. 1523