23 1928

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

Do not use this space.

23417

1. PLACE OF DEATH
County Dent — Registration District No. 1035 — File No.
Township Currant — Primary Registration District No. 5371 — Registered No. 9
City (No. St. Ward)

2. FULL NAME Charley Malone
(a) Residence. No. St., Ward.
(Usual place of abode) (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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29 1924

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
3	10	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Joy Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER John Malone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Phelps Co
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unice Morrill
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St James Mo
(STATE OR COUNTRY)

14. INFORMANT Jess Wisner
(Address)

15. FILED 7/10, 1928 J. A. Kirsock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1928

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1928, to July 6, 1928, that I last saw him alive on July 6, 1928, and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia & Croupous
108
(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) 1 8 1 a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. G. Dillon, M.D.
, 19 (Address) Salem Mo

*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: Hepsada
DATE OF BURIAL: 7/7 1928

20. UNDERTAKER: N. D. Hobson
ADDRESS: Salem, Mo