

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

Do not use this space.

32783

1. PLACE OF DEATH

County Buchanan Registration District No. 65
 Township Washington Primary Registration District No. 1001
 City St Joseph Mo (No. 906 South 26 St) File No. _____
 Registered No. 1179 St. _____ Ward _____

2. FULL NAME

Adeline Mallory
 (a) Residence. No. 906 South 26 Street 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Dan Mallory

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
48 | 11 | 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Hebster City
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER George Seever

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Myrtle Moore

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Illinois

14. INFORMANT Mrs Dan Mallory
 (Address) 906 S. of 26 St

15. FILED OCT 15 1928 REGISTRAR John [Signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13, 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr. 20, 1928, to Oct 13, 1928 that I last saw h. or alive on Oct 13, 1928, and that death occurred, on the date stated above, at 11:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
23A
 (duration) about 1 yr. yrs. mos. da.

CONTRIBUTORY (SECONDARY) Unknown
 (duration) ____ yrs. ____ mos. ____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: Same

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray-Phys Find & Lab.

(Signed) E. M. Shores, M. D.

10/15, 1928 (Address) 317 Kirkpatrick Bldg.

*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 Ashland Cemetery DATE OF BURIAL Oct 15, 1928

20. URDERTAKER E. R. Biedenfaden ADDRESS 602 So. 10

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.

RECORD

