JAN 21 1929

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

Do not use this space.

39603

1. PLACE OF DEATH

County Buchanan — Registration District No. 86

Township Washington — Primary Registration District No. 5127

City ..... (No. County Infirmary St. ..... Ward)

File No. ..... Registered No. 102

2. FULL NAME Thomas M. Malory

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

Length of residence in city or town where death occurred Unk. yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Year 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	80	Unk.	Unk.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unknown,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

PARENTS

10. NAME OF FATHER Unknown,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Buchanan Co. Mo. Infirmary Records
(Address) R.F.D. # 3. Box 15

15. Filed Dec 27 1928 J. J. Banister
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 5th, 1928, to Dec 12th 1928, that I last saw him alive on Dec 11th, 1928, and that death occurred, on the date stated above, at 7:10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

15B Erysipelas
97

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis

(duration) 1 yrs. ..... mos. ..... ds.

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? Clinical

(Signed) A. A. Holley M. D.

Dec 31st 1928 (Address) 822 Edmond St Joseph 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 City Cemetery

DATE OF BURIAL Dec. 27, 1928

20. UNDERTAKER Heaton-Bidgood-Bowman by J. H. Kaels

ADDRESS St. Joseph, Mo. Funeral Home

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD