

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.

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

Do not use this space.

1473

1. PLACE OF DEATH

County Jackson

Registration District No.

File No.

Township Law

Primary Registration District No.

Registered No.

City Hannas City, Mo (No. 1)

Murey Hospital

St.

Ward) 57

2. FULL NAME

Ronald Mallon

(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

yr.

mos.

da.

How long in U.S., if of foreign birth?

yr.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Child

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

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

Oct. 4 - 1928

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

3

1

8. OCCUPATION OF DECEASED

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

Child

(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)

Kansas

10. NAME OF FATHER

Robert Mallon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kan

12. MAIDEN NAME OF MOTHER

Anna York

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

no record

14.

INFORMANT (Address)

Mrs. C. L. Forster
718 Brooklyn

15.

FILED

1/6 29 M. M. Cronin
ass. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

1-5 1929

17.

I HEREBY CERTIFY, That I attended deceased from 12-17, 1928, to 1-5, 1929, that I last saw him alive on 1-5, 1929, and that death occurred, on the date stated above, at 11:33 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

otitis media
107A
89A

(duration) yr. mos. 14 da.

CONTRIBUTORY (SECONDARY)

Broncho pneumonia

(duration) yr. mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? N.D.

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical symptoms

(Signed) Dr. H. C. Berger, M. D.

1/6 1929 (Address) 2nd. Reser. Bld.

*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

DATE OF BURIAL

Junction City Kan

1-6 1929

20. UNDERTAKER

ADDRESS

Mrs. C. L. Forster

K C MO

