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

Do not use this space. 36865 Dr. Rabanean

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 803
City Springfield, Mo. (No. Springfield Baptist Hospital St. Ward)

2. FULL NAME Mary Rebacca Malicoat
(a) Residence. No. 540 N. Fremont St., Ward. Turner, Missouri
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of John J. Malicoat

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 11-1849

7. AGE: Years 79 ~~80~~ — Months 11 — Days 21 — If LESS than 1 day, ___ hrs. or ___ min.

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) (STATE OR COUNTRY): Tennessee

PARENTS
10. NAME OF FATHER: Robert Owens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee
12. MAIDEN NAME OF MOTHER: Nancy Mayes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

14. INFORMANT (Address): John J. Malicoat, Springfield Mo.

15. FILED 11-2, 1929 Lou Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from 9-4th, 1929, to 11-2-, 1929, that I last saw her alive on 11-2-, 1929, and that death occurred, on the date stated above, at 8:40 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Womb & Bladder
48
53R
(duration) one yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Rabanean, M. D.
11-2-, 1929 (Address) Land Bank 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~~: Dodson Cemetery — DATE OF BURIAL: Nov. 3, 1929

20. UNDERTAKER: Alma Lohmeyer, Funeral Home — ADDRESS: Springfield, Missouri

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.

818