APR 30 1930

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

Do not use this space.

1. PLACE OF DEATH
County Linn
Township Brookfield
City Brookfield, Mo (No. ..... St. ..... Ward)

Registration District No. 496
Primary Registration District No. 3025

File No. 9378
Registered No. 25

2. FULL NAME Shirley Lou Malloy (8 mo. gestation — Infant)
(a) Residence. No. 1149 Santa Fe St., ... Ward. Marceline, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Marceline, Mo 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-24-30

7. AGE: Infant (Premature - 8 mo) — YEARS / MONTHS / DAYS — If LESS than 1 day, 4 hrs. or ..... min.

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) Brookfield (Hospital) (STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER John S Malloy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wyaconda, (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Lula Belle Delong
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marceline, (STATE OR COUNTRY) Linn Co — Mo

14. INFORMANT Mrs J. S. Malloy
(Address) Marceline, Mo

15. FILED 3-25, 1930 Thos. P. Fore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/24 1930

17. I HEREBY CERTIFY, That I attended deceased from 3-24, 1930, to 3-24, 1930 that I last saw her alive on 3-24, 1930, and that death occurred, on the date stated above, at 11:00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Atelectasis
161A
(duration) ..... yrs. ..... mos. 4 hrs.

CONTRIBUTORY (SECONDARY) ✓
162 (duration) ..... 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 & Lab.
(Signed) Jno. F. McLaney, M. D.
, 19 (Address) Brookfield, 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: Mount Olive, Marceline, Mo
DATE OF BURIAL: Mar 25 1930

20. UNDERTAKER: C. H. Hill
ADDRESS: Brookfield

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.