APR 30 1930

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

Do not use this space.

9978

File No. .....

Registered No. .....

1. PLACE OF DEATH

County: St Clair — Registration District No.: 766

Township: Roscoe — Primary Registration District No.: 6011

City: Roscoe (No. ....., ... St. ..... Ward)

2. FULL NAME George Henry Mallory

(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 ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

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: Katie Haddock

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 28 1859

7. AGE: 70 YEARS 6 MONTHS 1 DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DEACESED

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

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

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Monroe Co Mo
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: .....

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Monroe Co
(STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Katy Willis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Monroe Co
(STATE OR COUNTRY): Missouri

14. INFORMANT: Francis Mallory
(Address): .....

15. FILED: 3/30 19 30 J. P. Glynn, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-29 19 30

17. I HEREBY CERTIFY, That I attended deceased from 3-22, 19 30, to 3-24, 19 30 that I last saw him alive on 3-24, 19 30 and that death occurred, on the date stated above, at 6:00 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Apoplexy

8 M

7 Hrs

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

CONTRIBUTORY (SECONDARY): Unknown

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? X

DID AN OPERATION PRECEDE DEATH? No DATE OF: X

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Symptom Prevent Paralysis

(Signed) J. W. Richardson, M. D

, 19 (Address) Tiffin 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: Rose Cemetery — DATE OF BURIAL: 3/30 19 30

20. UNDERTAKER: W Broderick — ADDRESS: Roscoe

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

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.