

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

Do not use this space.

35451

1. PLACE OF DEATH

County..... Buchanan Registration District No. 85
 Township.....
 City..... St. Joseph, (No. Noves-Baptist Hospital), St. Ward)

File No.
 Registered No. 1280

2. FULL NAME

Mary Leo Mallicoat,

(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. 1 mos. 21 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) Divorced,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11, 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>6</u>	<u>18</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work At Home,
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Westboro,
 (STATE OR COUNTRY) Missouri,

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 Blueford Mallicoat
 (Address) LaGrange, Oregon,

15. FILED 1 1930 19 John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 29th 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1930, to Nov 29, 1930, that I last saw him alive on Nov 27, 1930, and that death occurred, on the date stated above, at 2:42 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Gall Bladder
HVE
1975 (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Cholecystitis
 (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
HVE
 NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? W DATE OF W
 WAS THERE AN AUTOPSY? W

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) H. S. Ferguson M. D.
Nov 29, 1930 (Address) 520 Franklin St. 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 Parkio, Missouri, Via auto DATE OF BURIAL Dec. 1st, 1930

20. UNDERTAKER Heaton-Bellale-Bowman ADDRESS 316 S. 10 St.
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.

DEC 30 1930

BFC

PROVIDE TYPE

APPROVED BY

APPROVED BY
DATE

APPROVED BY
DATE

APPROVED BY
DATE