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.

36247

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.: 4055

Township: Kaw — Primary Registration District No.: 1002 — Registered No.: 4055

City: Kansas City (No. K.C. General Hosp. St. ..... Ward)

2. FULL NAME: Malone Infant

(a) Residence. No. 606 N. 17th St., 3 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-26-1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
		17	

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Chas. Malone
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Oklahoma
12. MAIDEN NAME OF MOTHER Geraldine Fitzgerald
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York City
(STATE OR COUNTRY) New York

14. INFORMANT Record Clerk
(Address) K.C. General Hosp.

15. FILED 11/17, 1930 M. M. Lesoine
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-13 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-26, 1930 to 11-13, 1930 that I last saw him alive on 11-13, 1930 and that death occurred, on the date stated above, at 8:40 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atelectasis
Ex.
1 Sec
138

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

CONTRIBUTORY (SECONDARY)

(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clin. Find's & Autopsy
(Signed) P. S. Williams M. D.
11-14, 1930 (Address) Supt K.C. Gen. Hosp.

*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
Leeds, Missouri	Nov 19 1930
20. UNDERTAKER	**ADDRESS**
John J. Sheehan	K.C. Mo.

Malone