

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

Do not use this space.

21449

**1. PLACE OF DEATH**

County Jackson  
Township Rau  
City Kennett (No. City Hospital #2)

Registration District No. 399  
Kannan Registration District No. 1902

File No. ....  
Registered No. 2524 St. .... Ward)

**2. FULL NAME** Allen Malinda

(a) Residence, No. 1512 Harrison St., 2 Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>45 years</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>399</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

13. NAME Hally Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

15. MAIDEN NAME Mary Cummings

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) Mary Woods  
1512 Harrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Public Hill DATE June 15th 1931

19. UNDERTAKER (ADDRESS) D. B. Moore  
1820 E. 18th

20. FILED 6/12 1931 M. M. Crowe Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-11 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1931, to 6-11 1931.

I last saw him alive on 6-11 1931. Death is said to have occurred on the date stated above, at 5:35 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast Date of onset 50  
69

Other contributory causes of importance: Tobacco

Name of operation Removal of Breast Date of Mar 1930  
What test confirmed diagnosis? Autopsy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .. Date of injury .. 19 ..

Where did injury occur? .. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .. Nature of injury ..

24. Was disease or injury in any way related to occupation of deceased? If so, specify ..

(Signed) Don Miller M. D.  
(Address) General Hospital #2

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.

