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.

SEP 21 1931

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No. 27531

Township Primary Registration District No. 1001 Registered No. 834

City St Joseph (No. Police Ambulance enroute to Hospital St. Ward)

2. FULL NAME William L. Mallen

(a) Residence, No. St., Ward. San Francisco Calif.
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1915

7. AGE: YEARS 15 MONTHS 11 DAYS 26 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) St Joseph Missouri

FATHER

13. NAME William D. Mallen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Joseph Missouri

MOTHER

15. MAIDEN NAME Adelade Stewart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kansas

17. INFORMANT Wm. Mallen (ADDRESS) San Francisco Calif.

18. BURIAL, ~~CREMATION, OR~~ REMOVAL PLACE Mt Olivet Cemetery DATE Aug 10 1931

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union street St. Joseph Mo.

20. FILED 8-8-31, 19 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 5, 1931

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains ✓, 19 ✓, to ✓, 19

I last saw h ✓ alive on ✓ 19 Death is said to have occurred on the date stated above, at about 5:15P m.

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

Hemorrhage following injuries received in Auto accident. Other driver was drunk. at 16 and Garfield

Date of onset ✓

Other contributory causes of importance: None

210 M
103 B
10

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8/5, 1931

Where did injury occur? 16 and Garfield (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury ~~Severed~~ Auto Collision

Nature of injury Severed Carotid artery

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. W. Tadlock - Coroner, M. D.

(Address) 821 Francis