

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

Do not use this space.

14923

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1053
 City, Saint Louis (No. Missouri Pacific Hospital, St. _____ Ward)

2. FULL NAME Walter Malone, Colored

(a) Residence, No. 222 1/2 So. 20th St. St. 17 Ward. Kansas City, Kansas
 (Usual place of abode) Kansas City, Kansas (If nonresident, give city of 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 Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or
<u>38</u>	<u>abt.</u>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, 114

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pac. R. R. 108

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) Unknown, 21

13. NAME " " " "

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

15. MAIDEN NAME " " " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "

17. INFORMANT (ADDRESS) Walter Malone, 1755 S. Grand Blvd.,

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE 4/9/32

19. UNDERTAKER (ADDRESS) Clayton Road at Concordia Lane

20. FILE MAY 9 1932 Walter Malone Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1932 to April 4, 1932
 I last saw him alive on April 4, 1932 Death is said to have occurred on the date stated above, at 303 A. m.

The principal cause of death and related causes of importance were as follows:
Pneumonia - Lobar
108
108
 Other contributory causes of importance: 2

Date of onset about Mar. 28

Name of operation..... 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?..... 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) Harry Cutler M. D.
 (Address) 1755 South Grand

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.

