

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

Do not use this space.

15417

**1. PLACE OF DEATH**

12 County Butler Registration District No. 89  
 2 Township \_\_\_\_\_ Primary Registration District No. 3007  
 7 City Poplar Bluff No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 82

**2. FULL NAME**

(a) Residence, No. 840 Vine 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Faunie E. Maligen  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-16-1862  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 5 3  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret  
 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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19 1932  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:

Myeloid Leukaemia Date of onset one year  
TVA PW

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Francis City, Mo.  
 (STATE OR COUNTRY)

13. NAME Thos B. Maligen

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

15. MAIDEN NAME Mary Jane Tullock

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

17. INFORMANT Kathleen Maligen  
 (ADDRESS) Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE 5-21 1932

19. UNDERTAKER Frank's Undert Co.  
 (ADDRESS) Poplar Bluff

20. FILED May 23 1932 B. J. Clump Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) \_\_\_\_\_, M. D.  
 (Address) Poplar Bluff

WRITING 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.

MAY 21 1932

