

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

Do not use this space.

16493

1. PLACE OF DEATH
 49 County Gaspeur Registration District No. 411 File No. 31
 7 Township Joplin Mo. Primary Registration District No. 2007 Registered No. _____
 5 City Joplin Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Lora Larina Mallatt
 (a) Residence, No. Malena Ks. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Virgil Mallatt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 - 1914
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 1 1
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1 year 3 1/2
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1932
 22. I HEREBY CERTIFY, That I attended deceased from 5/23 1932 to 5/23 1932
 I last saw h. alive on 5/23 1932 Death is said to have occurred on the date stated above, at 9:20 P.m.
 The principal cause of death and related causes of importance were as follows:
Gun Shot Wound Date of onset _____
Accidental. By Husband with shot here
184
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malena Kansas
 13. NAME Pecil Lyerla
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malena Kansas
 15. MAIDEN NAME Mary Hart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Western Okla.
 17. INFORMANT Mary A Lyerla
 (ADDRESS) Malena Ks
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE May 26 1932
 19. UNDERTAKER Porter M. Selark
 (ADDRESS) Malena Kansas
 20. FILED 5-26-1932 H. Benson Clark
 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) J. W. Aubrey Curran Chap
 (Address) Columbus Kans

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.

JUN 23 1932

Dr. Lsey

