

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

Do not use this space.

16765

**1. PLACE OF DEATH**

64 County Madison Registration District No. 577  
 1 Township Mason Primary Registration District No. 3099  
 8 City Hannibal (No. 221 to 1059) St. \_\_\_\_\_ (Ward)

**2. FULL NAME**

John F. Mallory  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_, \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/24/1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
56 | 2 | 7 | \_\_\_\_\_

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

**MEDICAL CERTIFICATE OF DEATH**

14 **16. DATE OF DEATH (MONTH, DAY AND YEAR)** 5/9 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan \_\_\_\_\_, 1932, to May 9, 1932, that I last saw him alive on May 9, 1932, and that death occurred, on the date stated above, at \_\_\_\_\_.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Asphyxia + abdominal  
abscess

179 189 / 29 (duration) yrs. 5 mos. da.  
 CONTRIBUTORY colloped lung  
 (SECONDARY) (duration) 30 yrs. ? mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? yes DATE OF Apr 15-32  
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) H. J. Francis M. D.  
 , 19 \_\_\_\_\_ (Address) Hannibal Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 **19. PLACE OF BURIAL, CREMATION, OR REMOVAL** near Hannibal Mo DATE OF BURIAL 5/11 1932  
2213/10th St  
**20. UNDERTAKER** W. G. Thompson ADDRESS Madison Mo

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Monroe Co. Mo!

10. NAME OF FATHER David Mallory

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lore Heathman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo

14. INFORMANT Miss John Mallory  
 (Address) 2213/10th St

15. FILED 5/10 1932 W. G. Thompson  
 REGISTRAR

WRITE PLAIN INK 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.

APR 23 1932

