Rosenwald
Argyle Bldg -

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

Do not use this space.

32274

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 6905 South Benton St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 3801

2. FULL NAME Harry L Mallon
(a) Residence, No. 6905 South Benton St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	58	2	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Milwaukee Wisconsin

FATHER
13. NAME Patrick E Mallon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary Duffy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Mabel Mallon 3537 Main

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys DATE 10-11-32, 19

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. Linwood & Main

20. FILED 10/10, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from January 1919, to Oct 9, 1932
I last saw him alive on Oct 1, 1932 Death is said to have occurred on the date stated above, at 4.55 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage
34
82A
17

Date of onset

Other contributory causes of importance:
Arterio Sclerosis - 240/140
Old lues -

Name of operation Date of
What test confirmed diagnosis? Clinical 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? No
If so, specify
(Signed) [illegible], M. D.
(Address) 925 Argyle Bldg

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.