

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

Do not use this space.

5652

1. PLACE OF DEATH

48 County Jackson Registration District No. 389
 10 Township Kearney File No. 7
 10 City Kansas City No. 1902 Registered No. 603
 32 FULL NAME Jerusha Viola Mallon (Viola J. Mallott) St. _____ Ward _____
 (a) Residence, No. 2432 Elmwood 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-13-1881
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 6 21
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 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) Kansas
 MOTHER FATHER 13. NAME Willie Lombard
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin
 15. MAIDEN NAME Alpha Lindsley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan
 17. INFORMANT Ricard Clark
 (ADDRESS) R. C. General Hospital
 18. BURIAL, CREMATION, OR REMOVAL PLACE M. Wash DATE Feb. 8-33
 19. UNDERTAKER Mrs. C. L. Foster
 (ADDRESS) 918 Torreyway, ave,
 20. FILED 26 1933 m. m. Lester Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4-1933
 22. I HEREBY CERTIFY, That I attended deceased from 1-12-1933, to 2-4-1933
 I last saw her alive on 2-4-1933 Death is said to have occurred on the date stated above, at 3:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes
 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. H. Jessen M. D.
 (Address) R. C. General Hospital

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.

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