

WRITE PLAIN INK WITH UNFADING INK--THIS IS A PERMANENT RECORD

MAR 30 1933

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.

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

Do not use this space.

0556

1. PLACE OF DEATH
County Monroe Registration District No. 579
Township Marion Primary Registration District No. 577.6
City (No.) St. Ward

File No. _____
Registered No. _____

2. FULL NAME Beverly Malory
(a) Residence, No. St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>S</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2/9/1902</u>				
7. AGE	YEARS <u>31</u>	MONTHS <u>X</u>	DAYS <u>20</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>			
	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) <u>Monroe Co. Mo.</u>				
FATHER	13. NAME <u>Joseph Malory</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co. Mo.</u>			
MOTHER	15. MAIDEN NAME <u>Hellie Heloney</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monroe Co. Mo.</u>			
17. INFORMANT (ADDRESS) <u>Joseph Malory, Madison, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ash</u> DATE <u>3/2</u> 19 <u>33</u>				
19. UNDERTAKER <u>Judith Thompson</u> (ADDRESS) <u>Madison, Mo.</u>				
20. FILED <u>3/1</u> 19 <u>33</u> <u>Judith Thompson</u> <u>Registrar</u>				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>2/29</u> 19 <u>33</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 12</u> 19 <u>33</u> , to <u>Feb 29</u> 19 <u>33</u> I last saw him... alive on <u>Feb 29</u> 19 <u>33</u> Death is said to have occurred on the date stated above, at <u>2:41</u> m. The principal cause of death and related causes of importance were as follows: <u>Lobar Pneumonia, Right Side</u> Date of onset <u>7 days</u>	
Other contributory causes of importance: <u>Acute Nephritis</u> 10 days <u>Suppurative</u> 12 days	
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? <u>No</u> If so, specify _____ (Signed) <u>J. R. Turner D.O., M.D.</u> (Address) <u>Madison, Mo.</u>	

W. W. Eubank

