

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township _____ Primary Registration District No. 1001
 City St. Joseph (No. Missouri, Methodist Hospital St. _____ Ward)

File No. 15815
 Registered No. 552

2. FULL NAME Kenneth Dale Malotte

(a) Residence, No. 5102 1/2 King Hill Ave. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 15

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) St. Joseph, Missouri
 (STATE OR COUNTRY)

13. NAME J.A. Malotte

14. BIRTHPLACE (CITY OR TOWN) Platte County, Missouri
 (STATE OR COUNTRY)

15. MAIDEN NAME Lillian Sharp

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN, Kansas
 (STATE OR COUNTRY)

17. INFORMANT J.A. Malotte
 (ADDRESS) 5102 1/2 King Hill Ave. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL King Hill Ave.
 PLACE St. Joseph Mo. DATE May 22, 1933

19. UNDERTAKER H.B. Sidenfaden
 (ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED 31 1933 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933 to May 22, 1933

I last saw him alive on May 22, 1933 Death is said to have occurred on the date stated above, at 3 A. m.

The principal cause of death and related causes of importance were as follows:

Premature
157
159
 Other contributory causes of importance: _____
Prognosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chloro 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) J. H. Cleary, M. D.
 (Address) St. Joseph Mo.

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 20 1933

