

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

Do not use this space.

19040

1. PLACE OF DEATH
 12 County Butler Registration District No. 89
 2 Township _____ Primary Registration District No. 3007
 7 City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME Eli Malloy
 (a) Residence, No. _____ St. _____ Ward De Sota, mo.
 (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 <u>M-</u>	4. COLOR OR RACE <u>W-</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alpha Malloy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1882 Est</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>Est</u>	DAYS <u>Est</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Railroad</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Piedmont mo</u>		
FATHER	13. NAME <u>B. F. Malloy</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>	
MOTHER	15. MAIDEN NAME <u>Francis Clark</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo.</u>	
17. INFORMANT (ADDRESS) <u>Chas Malloy Piedmont mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Piedmont</u> DATE <u>6-8</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Malloy Co Poplar Bluff mo</u>		
20. FILED <u>June 6</u> 19 <u>33</u> <u>B. J. Olney</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-5 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Hemorrhage internal of right lung caused by gunshot (pistol) from unknown hands.

Other contributory causes of importance:
184
1146
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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? ACCIDENT Date of injury 6-3 1933
 Where did injury occur? Poplar Bluff mo. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury Public place
 Nature of injury Shot in right chest
Hole in lung.

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify J. Richard Reynolds
 (Signed) _____ (Address) Poplar Bluff 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.

JUL 20 1933

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