

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

Do not use this space.

19985

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Wau Primary Registration District No. 1002
City Kansas City (No. KC General Hosp) St. _____ Ward _____

File No. _____
Registered No. 2703
St. _____ Ward _____

2. FULL NAME

Walter A Maloy
(a) Residence, No. 2609 Montgale St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 47 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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>E. Martha Maloy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 13 1881</u>		
7. AGE <u>51</u> YEARS	<u>6</u> MONTHS	<u>16</u> DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
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. <u>City Employee</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>
13. NAME <u>Richard Maloy</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Nova Scotia</u>
15. MAIDEN NAME <u>Margaret Hamel</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>
17. INFORMANT (ADDRESS) <u>Reverend Clerk K.C. Gen. Hosp</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>June 30 1933</u>
19. UNDERTAKER (ADDRESS) <u>W. Newman</u>
20. FILED <u>June 29 1933</u> in _____ (Address) <u>Registrar</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29-33

22. I HEREBY CERTIFY, That I attended deceased from 6-15-33 to 6-29-33
I last saw him alive on 6-29-33 Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Esophagus Date of onset _____
46
1235 460
Other contributory causes of importance: _____
Name of operation Colostomy Date of 6-28-33
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? _____
If so, specify _____
(Signed) W. A. Smith M. D.
(Address) K.C. Gen. Hosp

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

