

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

Do not use this space.

1135 104

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township _____ Primary Registration District No. 1000 Registered No. 1083
 City St. Joseph, (No. Missouri Methodist Hospital St. _____ Ward _____)

2. FULL NAME Stephen Alexander Mallory

(a) Residence, No. _____ St. Ward DeKalb, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Clara V. Mallory,</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2, 1858</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>6</u>	DAYS <u>4</u>
IF LESS than 1 day, hrs. or min.		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm,

10. Date deceased last worked at this occupation (month and year) NOVEMBER 1933

11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsville, Virginia,

MOTHER

13. NAME Moses Mallory,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,

15. MAIDEN NAME Virginia Allen,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia,

17. INFORMANT (ADDRESS) Mrs. J. A. Mallory, DeKalb, Missouri,

18. BURIAL, CREMATION, OR REMOVAL PLACE DeKalb, Mo. DATE Nov. 8th. 1933

19. UNDERTAKER (ADDRESS) Waton-BE Gole of Buchanan 319 S. 10th St. General Home

20. FILED 11-7-33 19 1933 J. M. R. Bender Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6th 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1933, to Nov 6, 1933
 I last saw him live on Nov 5, 1933 Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Chronic uremia
Chronic myocarditis
936
133A
133B
 Other contributory causes of importance:
Chronic pyelonephritis

Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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) Charles J. ... M. D.
 (Address) ...

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.

JAN 3 1934

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