

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

Do not use this space.

9763

APR 25 1934

1. PLACE OF DEATH

County Monroe Registration District No. 579
Township Marion Primary Registration District No. 5776
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Rachael Mallory

(a) Residence, No. _____ 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. da. How long in U. S., if of foreign birth? _____ yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/24, 1934

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Jesse B. Mallory

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/19/1849

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:30 p.m.

7. AGE YEARS 87 MONTHS 1 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

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

Date of onset _____

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

Myrtle Regurgildau
Other contributory causes of importance: _____

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) Waverly Co., Va.

Name of operation _____ Date of _____

13. NAME Henry Wellhouse

What test confirmed diagnosis? _____ Was there an autopsy? _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Julea Locus

Where did injury occur? _____ (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT Mrs. Edgar Johnson (ADDRESS) Marion, Mo.

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Asht DATE March 26, 1934

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER Fred A. Thompson (ADDRESS) Marion, Mo.

If so, specify _____ (Signed) W. Johnson M. D.

20. FILED 3/25, 1934 Fred A. Thompson Registrar.

(Address) _____

W. W. Eckbank

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.

