

SEP 12 1934

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. 28370  
Registered No. 953

2. FULL NAME

Infant Malotte

(a) Residence, No. 4822 King Hill Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

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) Aug. 11, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 3 1/2 hrs. or \_\_\_\_\_ min.  
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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) (STATE OR COUNTRY) St. Joseph, Mo.

FATHER 13. NAME Jennings Kemper Malette

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph, Mo.

MOTHER 15. MAIDEN NAME Helen Mae Curly

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

17. INFORMANT Mrs. Helen Mae Malotte  
(ADDRESS) 4822 King Hill Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Belmont Cemetery DATE Aug. 12, 1934

19. UNDERTAKER Walter Meierhoffer  
(ADDRESS) 1302 Aaron St. St. Joseph, Mo.

20. FILED 8-12- 1934 John R. Bender  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 11, 1934 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug-11- 1934 to Aug-11- 1934  
I last saw him alive on Aug-11- 1934 Death is said to have occurred on the date stated above, at 4.30 m. P.M.  
The principal cause of death and related causes of importance were as follows:

Premature Birth  
157 (2 mos.)  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: Unknown

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Yes 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? Yes  
If so, specify \_\_\_\_\_  
(Signed) Walter Meierhoffer \_\_\_\_\_ M. D.  
(Address) Phys. & Surg. Bldg. St. Joseph, Mo.

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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