

MAY 24 1935

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

Do not use this space.

16541

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Law Primary Registration District No. 1002
City Kansas City (No. 110 East 40th) St. _____ Ward _____

2. FULL NAME Robert Emmet Malone

(a) Residence, No. 110 East 40th 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary Edna Malone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 3 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt of Terminals
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Southern
10. Date deceased last worked at this occupation (month and year) 9-1-33 11. Total time (years) spent in this occupation 22

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME Thomas F. Malone

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

MOTHER 15. MAIDEN NAME Hannah Frances -----

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

17. INFORMANT Mrs. Mary Edna Malone
(ADDRESS) 110 East 40th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE May 18 1935

19. UNDERTAKER Gates Funeral Home
(ADDRESS) Kansas City, Kansas

20. FILED May 16 1935 M. M. Carome
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1935

22. I HEREBY CERTIFY, That I attended deceased from May 13 1935 to May 15 1935
I last saw him alive on May 13 1935 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris 1 yr 2 mo
g/n

Other contributory causes of importance:

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? _____ 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) F. J. Davis, M. D.
(Address) 1010 Professional

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

