

JAN 21 1936

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

Do not use this space.

40796

1. PLACE OF DEATH

County Atchison Registration District No. 771
Township Iron Primary Registration District No. 6017
City Bismarck (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

William Milton Malkin

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 76 yrs. 8 mos. 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>Emma Malkin</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 30 1859</u> | | |
| 7. AGE | YEARS <u>76</u> | MONTHS <u>8</u> |
| | DAYS <u>17</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>left</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>Nov 9</u> 11. Total time (years) spent in this occupation <u>70</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) <u>Bismarck</u> (STATE OR COUNTRY) <u>Mo.</u> | | |
| FATHER | 13. NAME <u>Wm. Malkin</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY) | |
| MOTHER | 15. MAIDEN NAME <u>Cynthia Parker</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) <u>Porter</u> (STATE OR COUNTRY) <u>Mo.</u> | |
| 17. INFORMANT <u>J. W. Hoffman</u> (ADDRESS) <u>Bismarck Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bismarck Mo.</u> DATE <u>12/13</u> 19 <u>35</u> | | |
| 19. UNDERTAKER <u>Wm. Hill</u> (ADDRESS) <u>Bismarck Mo.</u> | | |
| 20. FILED <u>12/13</u> 19 <u>35</u> <u>J. W. Gale</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-6 1935, to 12-18 1935
I last saw him alive on 12-18 1935 Death is said to have occurred on the date stated above, at 346A m.
The principal cause of death and related causes of importance were as follows:
Albumin
13
Other contributory causes of importance:
Wernicke's Parosia

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

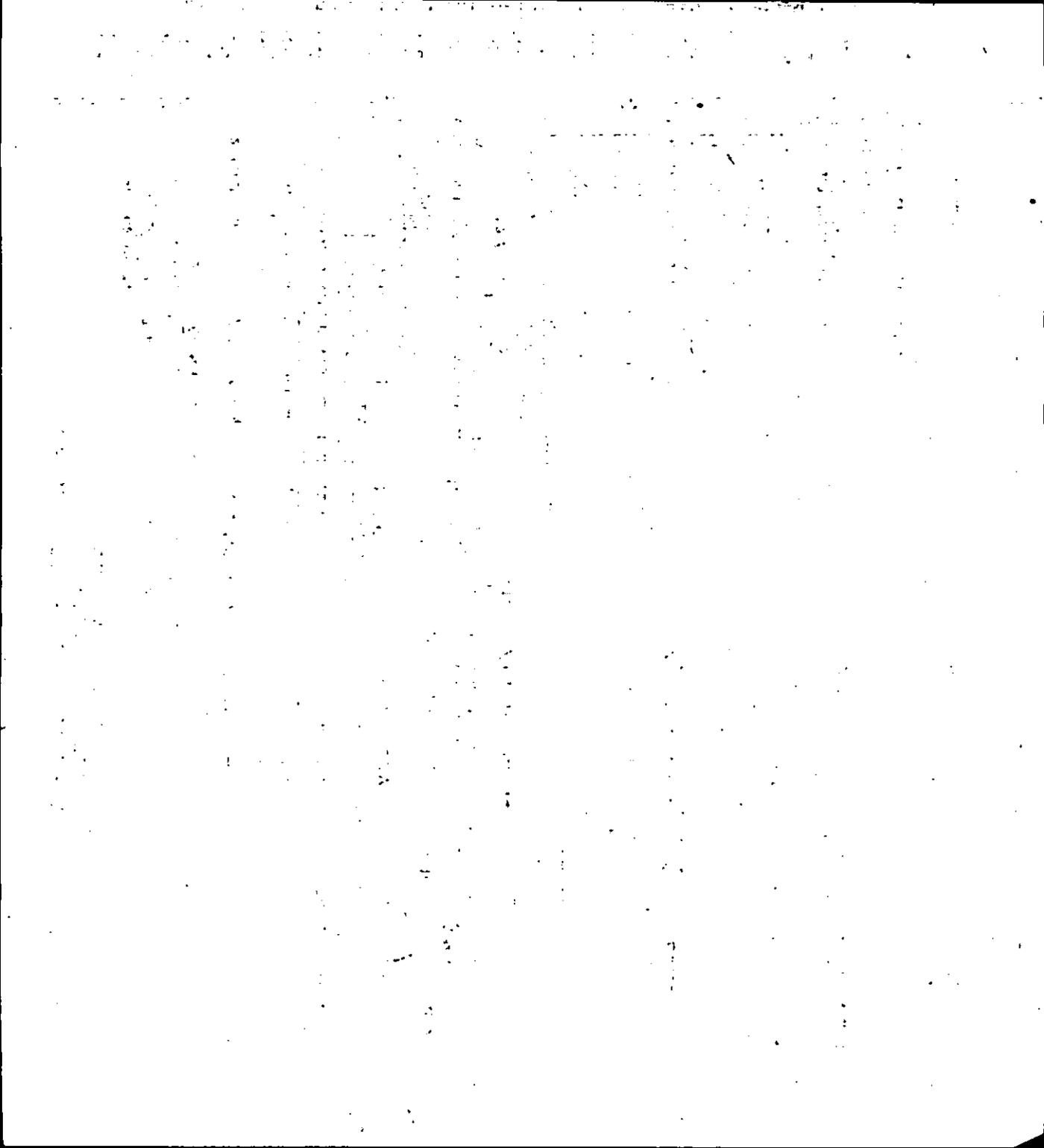
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) James W. Hoffman, M. D.
(Address) Bismarck Mo.

WRITE PEAINLY, 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.



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County St. Francois
Township Scott
City (No. _____) _____

Registration District No. 771
Primary Registration District No. 6017

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

2. FULL NAME William Milton Malkin

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 8 17

OCCUPATION 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.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 17 19-36 F. N. Gale MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Albumen
131
Other contributory causes of importance:
uremia poison
chronic nephritis

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) James W. Huffman, M. D.
(Address) Siemans 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.

SUPPLEMENT

S-40796