JUL 18 1936

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

Do not use this space.

22315

1. PLACE OF DEATH
County Clark
Township Wyaconda
City Wyaconda (No. ..., ..... St. ..... Ward)
Registration District No. 194
Primary Registration District No. 4117
File No.
Registered No. 13

2. FULL NAME Sauna J. Malloy
(a) Residence, No. Wyaconda 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Malloy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2 - 1857
7. AGE YEARS 79 MONTHS 2 DAYS 15 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) Quincy, Ill

FATHER
13. NAME Samuel Barber
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary McMillen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs Kate Polhaus Wyaconda, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wyaconda DATE June 19, 1936
19. UNDERTAKER (ADDRESS) Gerth & Baskett Wyaconda, Mo
20. FILED June 18, 1936 Bessie Blattner Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1936
22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1935, to June 17, 1936
I last saw her alive on June 16, 1936 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Senile Infirmities

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? No
If so, specify .....
(Signed) Dr. B. F. Hutchinson Co. M.D.
(Address) Wyaconda, 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.