MAR 16 1937

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 File No. 5055

Township Primary Registration District No. 1001 Registered No. 139

City St. Joseph (No. St. Joseph's Hospital. St. Ward)

2. FULL NAME Walter O'Malley.

(a) Residence, No. 5204 Lake Avenue St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White.	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bessie O'Malley.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1867.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	69	6	18	

OCCUPATION

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

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) Unknown.

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scranton. Pennsylvania.

FATHER

13. NAME Peter O'Malley.

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Dolphus O. Malley 424 Lee Street St. Joseph.

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet

PLACE St. Joseph, Mo. DATE Febr. 8. 1937

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden & Son. 1802 Union St. St. Joseph Mo.

20. FILED Feb 8 1937 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 1937, to Feb 5, 1937

I last saw him alive on Feb 4, 1937. Death is said to have occurred on the date stated above, at 7:30A m.

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

Date of onset

Lobar Pneumonia

Myocarditis acute

Other contributory causes of importance: 108

Name of operation None Date of

What test confirmed diagnosis? X Ray Was there an autopsy? No

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) [signature] M. D.

(Address) 303 Hemphill Bldg

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.

DEC 18 1945

DEC 27 1945