APR 9 1937

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

Do not use this space.

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 10240

Township ..... Primary Registration District No. ..... Registered No. 2808

City St. Louis (No. City Hospital No.1 St. ..... Ward)

B. 15076

2. FULL NAME Effie Malone

(a) Residence, No. 1530 South 7th St., 23 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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: Arnold Malone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 6, 1889

7. AGE: 47 YEARS, MONTHS: 7, DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: hwk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: at home
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): Carmi, Illinois

FATHER

13. NAME: Geo. Harrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER

15. MAIDEN NAME: Mattie Silverthorn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Carmi Ill DATE 3/14/37 19

19. UNDERTAKER (ADDRESS): A. W. McLaughlin

20. FILED MAR 12 1937 Lafayette J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/9/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/17/37, 19 to 3/9/37, 19
I last saw her alive on 3/9/37, 19 Death is said to have occurred on the date stated above, at 5.50 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of the larynx — Date of onset July 1936

47 A

Other contributory causes of importance:
Esophageal obstruction — 2-27-37

Name of operation Radon implants Date of 2-1-37
What test confirmed diagnosis? Biopsy 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) F. H. Borg, M. D.
(Address) City Hospital No.1

WHITE PLAINLY, 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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