

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

Do not use this space.

**APR 20 1937**

**1. PLACE OF DEATH**

County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 5554  
 City Independence (No. 1100 Ash Ave) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 12136  
 Registered No. 922

**2. FULL NAME**

John Nelson Malone  
 (a) Residence, No. 1100 Ash Ave St. \_\_\_\_\_ Ward \_\_\_\_\_

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. (If nonresident, give city or town and State)

**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 Barbara E. Malone  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7 1860  
 7. AGE YEARS 76 MONTHS 4 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired miner  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 30 years  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to March 9, 1937. I last saw him alive on March 7, 1937. Death is said to have occurred on the date stated above, at 5:30 P.M.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset Don't know  
23  
 Other contributory causes of importance: about 30 yrs.  
anthracosis  
Retired coal miner

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Meigs Co. W. Va.  
 13. NAME Richard Malone  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Sarah J. Caldwell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Barbara E. Malone (ADDRESS) 1100 Ash Ave. in a wood

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hope DATE Mar 12 1937

19. UNDERTAKER H. C. Carson Funeral Service (ADDRESS) 101 No. Pleasant St. Indep. Mo.

20. FILED 3-12-1937 F. L. Cook Registrar

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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? ✓  
 If so, specify St. Hekussor, M. D.  
 (Address) Independence 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.

252  
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 31

