

APR 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County Ralls
Township Lewerton
City Shasco (No. , Shasco)

Registration District No. 726
Primary Registration District No. 6948

File No. 13091
Registered No.
St. Ward

2. FULL NAME Baby Malone

(a) Residence, No. Shasco 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1937

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 20

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

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) Shasco Mo13. NAME John Malone Jr14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co Mo15. MAIDEN NAME Jeranita Hedges16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls Co Mo17. INFORMANT (ADDRESS) Mr John Malone Jr. Shasco Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Marble Creek DATE 3/11/3719. UNDERTAKER (ADDRESS) James C. Howell Shasco Mo20. FILED Mar 11, 1937 Blanche McGowan Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 193722. I HEREBY CERTIFY, That I attended deceased from Mar 10, 1937 to Mar 10, 1937I last saw him alive on Mar 10, 1937 Death is saidto have occurred on the date stated above, at 6: P. m.

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

Premature birth

Date of onset

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?

If so, specify

(Signed) H. B. Norton, M. D.(Address) Shasco

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

