

SEP 20 1937

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

Do not use this space.

31063

1. PLACE OF DEATH

County Lafayette
Township Lexington
City Lexington (No. 5025)

Registration District No. 461
Primary Registration District No. 3024

File No. 66
Registered No. 66
St. _____ Ward _____

2. FULL NAME Lillian A. Mallott

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 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 Harry Mallott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1879

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>58</u>	<u>5</u>	<u>4</u>	<u>6</u>	

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

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) Lexington, Mo.
(STATE OR COUNTRY)

13. NAME Patrick McIntyre

14. BIRTHPLACE (CITY OR TOWN) Dublin, Ireland.
(STATE OR COUNTRY)

15. MAIDEN NAME Margaret Murphy

16. BIRTHPLACE (CITY OR TOWN) Dublin, Ireland.
(STATE OR COUNTRY)

17. INFORMANT Harry Mallott,
(ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lexington, Mo DATE Aug. 12, 1937

19. UNDERTAKER Winkler
(ADDRESS) Lexington, Mo

20. FILED Aug 12 1937 J. B. Bates
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 10, 1937 .19

22. I HEREBY CERTIFY, That I attended deceased from Aug 4 1937 to Aug 10 1937

I last saw her alive on Aug 10 1937 Death is said to have occurred on the date stated above, at 7:15 p.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation none 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) B. H. B. Bates, M. D.(Address) Lexington, 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.

