

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

Do not use this space.

OCT 18 1937

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. 100)

Registration District No. 85

Primary Registration District No. 100

File No. 33699

Registered No. 1008

St. _____ Ward _____

2. FULL NAME J. Minor Mallory

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

Gallatin Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred _____ yrs. _____ mos. 1 ds.

How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

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 Clara D. Mallory

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. _____ min.

71

6

18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm

10. Date deceased last worked at this occupation (month and year) Sept. 1937

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Virginia

13. NAME Moses Mallory

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Virginia Allen

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

17. INFORMANT Mrs. Minor Mallory
(ADDRESS) Gallatin, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jamesport Mo. DATE Sept. 19 1937

19. UNDERTAKER Hope & Furn. & Undt. 200
(ADDRESS) Gallatin Mo

20. FILED Sept. 17 1937 A. J. Neff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16 1937 to Sept. 17 1937

I last saw him alive on Sept. 17 1937. Death is said to have occurred on the date stated above, at 10:25 a.m.

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

Carcinoma of Prostate

Date of onset

Other contributory causes of importance: 51

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Dr. Wm. P. Henry
(Address) 709 107th St. Philadelphia, Pa.

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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