

DEC 20 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40104

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Raw Primary Registration District No. _____
City Kansas City (No. 3) Heathley Hospital St. _____ Ward _____

File No. _____
Registered No. 44318

2. FULL NAME

Felix Mallory
(a) Residence, No. 505 N. 31st St., _____ Ward _____

(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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2 - 1937

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

22. I HEREBY CERTIFY, that I attended deceased from Oct. 25 1937 to Nov. 2 - 1937

I last saw him alive on Nov. 2 - 1937. Death is said to have occurred on the date stated above, at 3:45 A.M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-22-1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 9 10

Primary Cause of death

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

Date of onset

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

ma of liver

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

34

Other contributory causes of importance:

Post operative

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

Name of operation Exploratory Date of _____

13. NAME Henry Mallory

What test confirmed diagnosis? clinical Was there an autopsy? yes

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

15. MAIDEN NAME Unknown

Where did injury occur? _____ (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Roxie Wallace (ADDRESS) 1901 1/2 N. 4th St. K.C.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 11-3 1937

Nature of injury _____

19. UNDERTAKER H. C. Emb + Casket Co. (ADDRESS) 440 State Ave. K. C.

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED Nov 3 1937 M. M. Brown Registrar.

If so, specify _____

(Signed) J. O. Turner, M. D.

(Address) 1830 Vine

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40404

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township K. C. Primary Registration District No. 1002 Registered No. 4418
 (c) City K. C. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Felix Mallory

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 9 10

to have occurred on the date stated above, at _____ m.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Date of onset

pathologic carcinoma of liver
multiple metastases of liver
of liver (Biopsy)
post operative

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

Other contributory causes of importance:

FATHER 13. NAME

Name of operation Explorative Date of 11-7-37

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS)

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE _____ DATE _____ 19____

Nature of injury _____

19. FUNERAL DIRECTOR (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

20. FILED _____ 19____

(Signed) P. C. Pusner _____, M. D.

(Address) 1420 One

Local Registrar.

SUPPLEMENT

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

