

JAN 19 1938

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

Do not use this space.

45669

1. PLACE OF DEATH

County Jasper  
Township *Gadasha*  
City Joplin

Registration District No. 411  
Primary Registration District No. 2002  
(No. *Freeman Hospital*)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

*Neal Vernon Mallory*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. *Riverton, Kansas*  
(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

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *November 19, 1924*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*1 13 0 19*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Student*  
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) *Golden City, Missouri*

13. NAME *Avery E. Mallory*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Riverton, Missouri*

15. MAIDEN NAME *Nina Ethel Bennett*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Golden City, Missouri*

17. INFORMANT *M. V. Avery E. Mallory*  
(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Baxter, Mo., Keok* DATE *12-10-37*

19. UNDERTAKER *Narvey Undertaking Co.*  
(ADDRESS) *Baxter Springs, Mo.*

20. FILED *12-10-37* 1937 *210 S. Jones*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *December 8, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *December 6, 1937, to December 8, 1937*  
I last saw him alive on *December 8, 1937*. Death is said to have occurred on the date stated above, at *3:05 p.m.*

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

*Cardiac Failure following operation for ruptured appendix*  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_  
Name of operation *appendectomy* Date of *12-6-37*  
What test confirmed diagnosis? *op.* 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 \_\_\_\_\_

(Signed) *A. J. Neal, M. D.*  
(Address) *Joplin, 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.

