

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

3870  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Randolph Registration District No. 735  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3034 Registered No. 19  
 (c) City Moberly (d) Street No. Wabash Hospital 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**

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR, OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29<sup>th</sup> 1894</u>		
7. AGE YEARS <u>43</u>	MONTHS <u>5</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Tank Truckman</u>		11. Total time (years) spent in this occupation <u>16</u>
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Wabash</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan 6<sup>th</sup> 1938</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
13. NAME <u>Sam Maloney</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Rose Guilliams</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>Charles Maloney</u> <u>RFD Moberly Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cathonsburg Mo</u> DATE <u>Jan 25<sup>th</sup> 1938</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Mahan and Son</u> <u>Moberly Mo</u>		
20. FILED <u>Jan 25 1938</u> <u>Ethel Pleaton</u> <u>1062</u>		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22<sup>nd</sup> 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 21, 1938, to Jan 22, 1938  
 Last saw him alive on Jan 22, 1938. Death is said to have occurred on the date stated above, at 10:40 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Tuberculous meningitis Date of onset 1/7/38

Other contributory causes of importance:  
None

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? Yes

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) Max E. Kausel, M. D.  
 (Address) Wabash Employees Hospital  
Moberly, 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.

6088

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Frank D. Hett, Licensed Embalmer No. 3021

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Frank D. Hett

Licensed Embalmer No. 3021

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**