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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

REC'D APR 19 1938

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

Do not use this space.

10835

File No.

Registered No. 4

1. PLACE OF DEATH
County: Greene
Township: Taylor City
City: Rogersville Mo. Rt 2 St. Ward)
Registration District No. 944
Primary Registration District No. 5438

2. FULL NAME: John Mallicoat
(a) Residence, No. Rt 2 Rogersville St. Mo Ward. 423
(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): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Julia Mallicoat

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 14, 1869

7. AGE: Years 68 Months 11 Days 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
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): Tennessee

FATHER
13. NAME: James Mallicoat
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Mary Owen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT: Mrs. Julia Mallicoat
(ADDRESS) Rogersville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Turner Mo DATE: Feb. 22 38

19. UNDERTAKER: Elmer Hoffmeyer
(ADDRESS) Springfield Mo

20. FILED: Mar. 17 1938 Clyde P. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 21 — 1938

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1938, to ——, 19..., I last saw him alive on June 3, 1938. Death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:

Probable Cancer of Stomach
Unable to take food.

Date of onset

Other contributory causes of importance:

Ca. of Stomach ?

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) Ronald T. Elkins M. D.
(Address) Springfield Mo

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