

REC'D APR 8 1938

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

Do not use this space.

1. PLACE OF DEATH

81 County Phelps Registration District No. 677
2 Township Rolla Primary Registration District No. 4403
City Rolla (No. Rolla Hospital) St. _____ Ward _____

File No. 11771
Registered No. 47

2. FULL NAME Allison Leroy Mallow 400

(a) Residence, No. Vichy, Mo. P.O. #2 Ward _____
(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) August 20, 1908

7. AGE YEARS 19 MONTHS 6 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker
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) March, 1938 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) Spring Creek (STATE OR COUNTRY) Madison, Missouri

13. NAME Chas. Allison Mallow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lassonde CO, Missouri

15. MAIDEN NAME Lucy Caroline Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vichy, Missouri

17. INFORMANT O. R. Mallow (ADDRESS) Vichy, Mo., R. 7D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Church DATE March 15, 1938

19. UNDERTAKER J. L. Liklider, Undertaker (ADDRESS) Rolla, Mo.

20. FILED March 15, 1938 Jos. F. Ayers Registrar. 610

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1938, to March 14, 1938.
I last saw him alive on March 14, 1938. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

Ruptured bladder, crushed pelvis, dislocated left hip, from injury in a cyclone.

Other conditions present at time of death XXX
Type of operation: Reduction of dislocation, and urinary bladder drainage.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 3-13-38

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) John McFarland, M. D.
(Address) Rolla 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.

