

REC'D MAY 18 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Dent  
Township.....  
City Salem (No. ....)

Registration District No. 266  
Primary Registration District No. 4164

File No. 14494  
Registered No. 21

## 2. FULL NAME

Orville Lee Malone

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

## 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) Feb 5 - 18

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
20 2 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
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) Phelps Co (STATE OR COUNTRY) MO

13. NAME Emory Malone

14. BIRTHPLACE (CITY OR TOWN) --Phelps Co (STATE OR COUNTRY) MO

15. MAIDEN NAME Alice Doyles

16. BIRTHPLACE (CITY OR TOWN) Dent Co (STATE OR COUNTRY) MO

17. INFORMANT Wayne Edna Malone (ADDRESS) Salem MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Morrison Cem DATE 4/16/38

19. UNDERTAKER Carl K Spencer (ADDRESS) Salem MO

20. FILED April 16 1938 F. E. Smith M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15/38

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1938.

I last saw him alive on April 14, 1938. Death is said to have occurred on the date stated above, at 3:40 A.M.  
The principal cause of death and related causes of importance were as follows:

Bronch Pneumonia Date of onset unknown

Other contributory causes of importance: 1094'

Name of operation none Date of .....  
What test confirmed diagnosis? clinical 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) E. S. Smith, M. D.

(Address) Salem, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM 1 X724

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.

