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.

14
2
0

REC'D JUN 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Marion
Township ~~Liberty~~
City Palmyra
Registration District No. 548
Primary Registration District No. 4323
File No. 18848
Registered No. 39
(No. ..... St. ..... Ward)

2. FULL NAME Frank Thomas Mallory 460
(a) Residence, No. Palmyra, Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 79 yrs. 7 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara Ellen Mallory
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 29, 1858
7. AGE YEARS 79 MONTHS 6 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. R.R. Section Hand
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 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Missouri 0

FATHER
13. NAME E. Mallory 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME Jane Johnson 0
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palmyra, Mo.

17. INFORMANT (ADDRESS) Anna B. Cook Palmyra, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Palmyra Cemetery DATE 5/28/38 19
19. UNDERTAKER (ADDRESS) Lewis Bros Palmyra, Mo.
20. FILED May 27 1938 Gertrude Lee Registrar. 487

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1938
22. I HEREBY CERTIFY, That I attended deceased from April 1, 1938, to May 2, 1938
I last saw h. 25 alive on May 2, 1938. Death is said to have occurred on the date stated above, at 2:10 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Date of onset 2 yrs. per History
93C
Other contributory causes of importance:
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? ..... 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) [signature], M. D.
(Address) Palmyra Mo.