

REC'D JUL 15 1938

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

Do not use this space.

22186

1. PLACE OF DEATH

County

Township

City

Jefferson
Joachim
(No.)

3

Registration District No.

Primary Registration District No.

421

5575-

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(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.

William Washington Malloy
Bismarck Mo. St. Ward.

470

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Audrey Malloy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 19 - 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

5-8

0

21

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Mo. Pac. Rail Road

10. Date deceased last worked at this occupation (month and year)

June 1 - 1938

11. Total time (years) spent in this occupation

3-6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Piedmont Mo

FATHER

13. NAME

John Malloy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Claborn

MOTHER

15. MAIDEN NAME

May Wornen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

17. INFORMANT (ADDRESS)

Mrs Wm Wornen
Bismarck Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bismarck Mo, DATE 6-13-1938

19. UNDERTAKER (ADDRESS)

White Hill
Bismarck Mo

20. FILED

July 12, 1938 J. E. Rutledge M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

June 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from

By Inquest on July 12th, 1938

I declare the deceased was alive on July 11th, 1938. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Verdict of jury was:

Accidental drowning in wreck of Mo. Pac. passenger train no. 7

Other contributory causes of importance:

207 A -
36

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? Accident Date of injury June 11, 1938

Where did injury occur? Bailey Station, Jeff. Co. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

public place

Manner of injury Drowning

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Frank Frazier, Coroner M.D.

(Address) Festles, Mo.

