

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

35068
Do not use this space.

1. DEPT. NOV 14 1938
PEACE OF DEATH *Doone* ¹²
(a) County *1* Registration District No. *73*
(b) Township *Columbia* Primary Registration District No. *3006* Registered No. *226*
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
450

2. PRINT FULL NAME *James Malou (James Malone)*
(a) Residence, No. *512 Clay* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ellen T. Malou*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6-26-1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 3 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Day Laborer*
9. Industry or business in which work was done, as 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) *Missouri*

FATHER 13. NAME *Al Malou*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*

MOTHER 15. MAIDEN NAME *Doit Know*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Doit Know*

17. INFORMANT (ADDRESS) *Mary Shoemaker Columbia Mo*

18. BURIAL, CREMATION OR REMOVAL (ADDRESS) *no*
PLACE *Columbia* DATE *10-4-38*

19. FUNERAL DIRECTOR (ADDRESS) *W. T. Vandevort Columbia Mo*

20. FILED *10/3/38* *Allie Selby* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-1-1938*

22. I HEREBY CERTIFY, that I attended deceased from 19..... to 19.....
I last saw h..... alive on..... 19..... 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:
Habitual drinker (whiskey)
Alcoholism
Date of onset
Other contributory causes of importance: *7512*

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) *M. P. Tolson* Commissioner D.
714 (Address) *508 9 st Columbia Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. 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.

STATEMENT BY LICENSED EMBALMER

C. J. Vanderveer

Licensed Embalmer No.

2494

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

me

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

C. J. Vanderveer

Licensed Embalmer No.

2494

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)