

REC'D NOV 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Cass  
Township Peculiar  
City \_\_\_\_\_ (No. \_\_\_\_\_)

Registration District No. 156  
Primary Registration District No. 5270

File No. 35370  
Registered No. 66  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) \_\_\_\_\_  
Length of residence in city or town where death occurred - yrs. - mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Malbaff</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 3 - 1871</u>		
7. AGE	YEARS <u>66</u>	MONTHS <u>11</u>	DAYS <u>23</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			
	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.	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>			
	13. NAME <u>Louis Malbaff</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>			
	15. MAIDEN NAME <u>Cynthia Ann Runge</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
	17. INFORMANT <u>Eula M. Blyler</u> (ADDRESS) <u>Peculiar, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Salem Cemetery</u> DATE <u>Oct 27, 1938</u>				
19. UNDERTAKER (ADDRESS) <u>Hannemeyer's Mo Hannemeyer's Mo</u>				
20. FILED <u>Oct 27, 1938</u> <u>Peculiar, Mo.</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 19, 1938, to Oct 23, 1938

I last saw him alive on Oct 23, 1938 Death is said

to have occurred on the date stated above, at 12:30 A.M.

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

Malignancy of liver Date of onset

Other contributory causes of importance:  
Hypostatic pneumonia, anemia (anuria)

Name of operation none 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? X 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) Hannemeyer, M. D.  
845 \_\_\_\_\_ (Address) Hannemeyer's Mo

Dr. U. S. ...

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.

