

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.

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

Do not use this space.

REC'D MAR 15 1939

6276

1. PLACE OF DEATH

25 County CLINTON
Township CONCORD
City PLATTSBURG

Registration District No. 207
Primary Registration District No. 41235
(No. R.F.D. NO. 1) 5286

File No. 27
Registered No. 7
St. _____ Ward _____

2. FULL NAME ELLEN MALLEN

(a) Residence, No. PLATTSBURG, 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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 15, 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 11 10

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

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) (STATE OR COUNTRY) BRISTOL ILLINOIS

13. NAME THOMAS STANTON

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

15. MAIDEN NAME JEAN FINLAYSON

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

17. INFORMANT JOHN MALLEN (ADDRESS) PLATTSBURG, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE PLATTSBURG, MO DATE FEB. 27, 1939

19. UNDERTAKER Wm. Stanton (ADDRESS) ATCHISON, KANSAS

20. FILED Feb 27, 1939 Burice Chastain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1939, to Feb 25, 1939

I last saw her alive on Feb 25, 1939. Death is said to have occurred on the date stated above, at 3 P. m.

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

Lobar Pneumonia Date of onset Feb 22-39

Other contributory causes of importance: Influenza Feb 19-1939

Name of operation None Date of _____
What test confirmed diagnosis? Clinical symptoms (here 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? _____

If so, specify _____ (Signed) W. Stanton, M. D.

(Address) Plattsburg Mo

RECEIVED

U.S. DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

29-122

MAR 10 1939