

REC'D AUG 1 1939

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

25478

Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 1101
 (b) Township South Primary Registration District No. 5391 Registered No. _____
 (c) City Everton Mo (d) Street No. _____ St. _____
 (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.

2. PRINT FULL NAME

460
 James Morgan Mallory
 (a) Residence, No. Everton Mo. A.F. O St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 0 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

FATHER 13. NAME Perk Mallory

14. BIRTHPLACE (CITY OR TOWN) Not known! (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Margaret Meech

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) J. L. Mallory Everton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE May 21 1939

19. FUNERAL DIRECTOR (NAME) J. W. Ward (ADDRESS) Greenfield Mo.

20. FILED July 7 1939 Geo. R. Wiley Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

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

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

Cerebral Hemorrhage.Other contributory causes of importance: J. W.Arterial degeneration.Name of operation None Date of No.What test confirmed diagnosis? clinical Was there 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 Due to age.(Signed) Charles H. McHaffie, M. D.(Address) Ash Grove. Missouri.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

• If this body is not embalmed, above space should be left blank.