

MAY 14 1936

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

Do not use this space.

15-922-6

1. PLACE OF DEATH

County Linn
Township Jackson
City _____ (No. _____)

Registration District No. 1084
Primary Registration District No. 5562

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Jefferson Davis Malloy
(a) Residence, No. _____ St. _____ Ward _____
(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. (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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4 - 1961

7. AGE YEARS 74 MONTHS 4 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 1931 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co. Mo.

13. NAME P. B. Malloy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrence, Va.

15. MAIDEN NAME Mary J. Phillips

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

17. INFORMANT B. M. Malloy

18. BURIAL, CREMATION, OR REMOVAL Interment

PLACE St. Louis DATE Apr. 28 1936

19. UNDERTAKER C. J. Roberts

(ADDRESS) St. Louis, Mo.

20. FILED May 4 1936 Elva Crookland Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13 1936 to April 26 1936

I last saw him alive on April 13 1936 Death is said to have occurred on the date stated above, at 8:50 p.m.

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

Cerebral embolism
87
87

Other contributory causes of importance:

Senility
Arteriosclerosis

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? _____ 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) J. P. Dwyer, M. D.

(Address) St. Louis, Mo.

