

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

81

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

Do not use this space.

OCT 23 1937

1. PLACE OF DEATH

County Phelps
Township Meramec
City Marion (No. 2)

Registration District No. 678
Primary Registration District No. 5906

File No. 35009

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Marion D. Malone

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
12 7 1

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

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) 8-2-37 11. Total time (years) spent in this occupation 6 y 2 d

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

13. NAME Elmer Malone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Bank Mo

15. MAIDEN NAME Mary Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eugene Oregon

17. INFORMANT Elmer Malone (ADDRESS) St James Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Adler cem DATE 9-5-37 1937

19. UNDERTAKER W. E. Reckelizer (ADDRESS) St James Mo

20. FILED 10-1- 1937 W. D. Houck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1937, to Aug 3, 1937. I last saw him alive on Aug 3, 1937. Death is said to have occurred on the date stated above, at 4 A. M.

The principal cause of death and related causes of importance were as follows:
Influenza Date of onset July 28

Other contributory causes of importance:
Influenza June 11, 37

Name of operation none Date of _____
What test confirmed diagnosis unaided Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. L. Dison, M. D.
(Address) St James Mo

