

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

Do not use this space.

MAY 10 1939

1. PLACE OF DEATH

County HowellRegistration District No. 385Township Willow SpringsPrimary Registration District No. 4228City Willow Springs (No.) St. Ward)File No. 15022

Registered No.

2. FULL NAME

460 Herbert Wilton Mallory

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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>Widower</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmina Bradford.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1st 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>85</u>	<u>11</u>	<u>23</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Retired Farmer</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	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dubuque Iowa.13. NAME Unknown.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Francis Beckley.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canton Ohio.17. INFORMANT (ADDRESS) Fannie Webb City

18. BURIAL, CREMATION, OR REMOVAL

PLACE Freedom, Cemetary19. UNDERTAKER (ADDRESS) Burns & Son, Willow Springs, Mo.20. FILED 4-24-1939 Norette Ferguson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23-193922. I HEREBY CERTIFY, That I attended deceased from 4-15-1939, to 4-23-1939I last saw him... alive on 4-22-1939. Death is saidto have occurred on the date stated above, at 9:00 a.m.

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

Cerebral Thrombosis

Date of onset

4-15-39

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? Cerebral 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

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) H. P. ..., M. D.(Address) Willow Springs, Mo.

