

WRITE PLAINLY, WITH DOTS

N. B.—Every item of information should be carefully examined and 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.

43-11-0

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

**Do not use this space.**

6031

File No. ....  
Registered No. .... 37  
.....St. ....Ward

**1. PLACE OF DEATH**

County Bay Registration District No. 140  
Township Crooked River Primary Registration District No. 1973  
City Heida (No. \_\_\_\_\_)

**2. FULL NAME**

(a) Residence. No. ....		St. ....	Ward. ....	(If nonresident give city or town and State)			
(Usual place of abode)							
Year of residence in city or town where death occurred	Yrs.	Mos.	Ds.	How long in U.S.	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 Jewell Mallory

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 27 - 1984

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	44	11	25	

### 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ..... *House Wife*

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... *Key to Me* .....  
(STATE OR COUNTRY)

10. NAME OF FATHER Tom Campbell

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) *Don't no*

12. MAIDEN NAME OF MOTHER S. M. Nichols

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)  
(STATE OR COUNTRY) *Long-Neo*

14. INFORMANT Jewell M. Hargis  
(Address) Hargis, M. D.

15. FILED Feb 10, 1928 Geo W. Knipfchild REGISTRAR

# MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1928

I HEREBY CERTIFY, That I attended deceased from Jan 28, 1928, to Feb 2, 1928,  
that I last saw h. r. alive on Feb 2, 1928, and that  
death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

13 psyllitis  
14/6 : 46  
(duration) . . . yrs . . . wks . 7 . ds

CONTRIBUTORY (SECONDARY) *Substantiated Negligence*  
*& 6 1/2 months Pregnancy*  
 (duration) *2 yrs* mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 10/1/68

WAS THERE AN AUTOPSY?.....*NP*.....

WHAT TEST CONFIRMED DIAGNOSIS? Chemical

(Signed) Martin Kravitz M.D.

, 19 (Address) Hardin, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hardin Cem	Feb 8 1928

20. UNDERTAKER	ADDRESS
Jno W. Knipschild	Harlem

WHITE PL  
Very Near of the  
OF DEATH in Latin

W is not

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Ray

Registration District No. 740

File No. ....

Township Crooked River

Primary Registration District No. 5770

Registered No. ....

City .....

(No. ....)

St. ....

Ward) .....

**2. FULL NAME**

Bessie May 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

Yrs. ....

Mos. ....

Ds. ....

How long in U.S., if of foreign birth?

Yrs. ....

Mos. ....

Ds. ....

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

F

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR  
DIVORCED (write the word)

M.

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

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

Feb 27 - 1884

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1  
day, .... hrs.  
or .... min.

43

11

25

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or  
particular kind of work

(b) General nature of industry,  
business, or establishment in  
which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

15.

FILED

Feb 10 1928

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 2

1928

17.

I HEREBY CERTIFY That I attended deceased from

that I last saw him alive on ..... 19....., and that  
death occurred, on the date stated above, at .....

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY  
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) .....

M. D

, 19 (Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state  
(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or  
HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

ONLY, WITH INK--THIS IS A PERMANENT RECORD

Information should be carefully checked before being entered. Exact statement of OCCUPATION is very important.  
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CAUSE

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

