MAY 28 1927

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

Do not use this space.

12192

1. PLACE OF DEATH

County: Lawrence — Registration District No. 467 — File No.

Township: — Primary Registration District No. 4280 — Registered No. 52

City: — (No. ..... St. ..... Ward)

2. FULL NAME John Henry Mooney

(a) Residence. No. 1125 Cayuga St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Wh

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah E. Mooney

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 10 1850

7. AGE: Years 76 — Months 4 — Days 7 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Johnson Co
(STATE OR COUNTRY): Ark

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):

14. INFORMANT: Sarah E. Mooney
(Address): Aurora Mo

15. FILED 4/14 1927 R W Lynn
J. E. Ring Deputy — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 17 1927

17. I HEREBY CERTIFY, That I attended deceased from 4-10, 1927, to 4-17, 1927, that I last saw h. alive on 4-17, 1927, and that death occurred, on the date stated above, at 9:35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch Myocarditis
131
9 [illegible] (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Interstitial Nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH: N/A

DID AN OPERATION PRECEDE DEATH? No DATE OF:

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) R. D. Cowan, M. D

, 19 (Address) Aurora, 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: Maple Park Cem — DATE OF BURIAL: 4/19 1927

20. UNDERTAKER: Young Impl Co — ADDRESS: Aurora Mo

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.