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

Do not use this space.

32804

File No.

Registered No. 1191

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME Mary Margaret Maroney

(a) Residence. No. 1601 Monterey Street St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 11 yrs. 6 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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) May. 15. 1916.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
11	6	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: School Girl

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

(c) Name of employer: St. Patrick's School.

9. BIRTHPLACE (CITY OR TOWN): St. Joseph,
(STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: Patrick F Maroney

11. BIRTHPLACE OF FATHER (CITY OR TOWN): St. Joseph,
(STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Mary Donnelly

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

14. INFORMANT: Patrick F Maroney
(Address): 1601 Monterey Street

15. FILED Nov 22 1927 John G. Ub REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November. 20. 1927.

17. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1927 to Nov. 20, 1927 that I last saw her alive on Nov. 20, 19..., and that death occurred, on the date stated above, at 11/10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio-pneumonia

Old rheumatic infection

Endocarditis

(duration) five years, standing (chronic) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Acute rheumatic fever

(duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1601 Monterey

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Virginia Hale, M.D.

Nov. 21 1927 (Address) 215 Phys & Surg Bldg

*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: Mount Olivet Cemetery

DATE OF BURIAL: Nov. 23. 1927.

20. UNDERTAKER: H. O. Sichenfadin

ADDRESS: 1802 Union Str.