

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

Do not use this space.

32987

1. PLACE OF DEATH

County Clark Registration District No. 191
 Township Wyaconda #1 Primary Registration District No. 5269
 City Wyaconda (No.) St. (Ward)

File No.

Registered No. 7

2. FULL NAME

Catherine Malloy

(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 <u>Female</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Edmond Malloy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24, 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>82</u>	<u>11</u>	<u>29</u>		

8. OCCUPATION OF DECEASED at Home
 (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) Ireland.

10. NAME OF FATHER Thomas Newell

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

12. MAIDEN NAME OF MOTHER Margaret Murphy

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

14. INFORMANT (Address) John Malloy Wyaconda Mo.

15. FILED 11-28-27 M. G. Callahan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 23 1927

17. I HEREBY CERTIFY, That I attended deceased from May 18th to Sept 27 1927 that I last saw her alive on June 4 1927, and that death occurred, on the date stated above, at 3.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiovascular Renal disease
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1290W (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH. DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS (Signed) M. B. Doremus M. D.

11/24, 1927 (Address) Kahoka 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
Bahary Cem. Kahoka Mo 11/25 1927

20. UNDERTAKER ADDRESS
Fred. J. Kable Kahoka 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.

