

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

Do not use this space.

9005

1. PLACE OF DEATH

County Jackson
Township Kear
City Kennett City

Registration District No. 399

Primary Registration District No. 1007

File No. 1178

Registered No. _____

St. 15 Ward _____

2. FULL NAME

Dennis James Maloney
(a) Residence No. 1914 Paplar St. _____
(Usual place of abode)

Ward. 15

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 30-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
46 5 15

8. OCCUPATION OF DECEASED Foreman
(a) Trade, profession, or particular kind of work for Chase Bag Company
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Dennis James Maloney

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

12. MAIDEN NAME OF MOTHER Ann Cooney

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

14. INFORMANT Mrs Frank Wooldridge
(Address) 5547 Sarfield-Kennett City Mo

15. FILED 9/16, 28 M. M. Cooney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 18, 1928, to March 15, 1928, that I last saw him alive on March 15, 1928, and that death occurred, on the date stated above, at 4:05 P. M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
131
102
Cerebral Hemorrhage
chr. hypertension & hypercholesterolemia
(duration) yrs. 1 mos. 1 da.
(SECONDARY) (duration) yrs. 4 mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED? Not at place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Agonal pulse & history
(Signed) Walter H. Hook, M. D.
9/16, 1928 (Address) 914 Medical Bldg 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 Memorial Park Cemetery DATE OF BURIAL 3-17 1928

20. UNDERTAKER John J. Sheehan ADDRESS K-6 Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECORD RESERVED FOR BINDING

Mr Waller G. Hook
914 Medical Arts Bldg = H-Park 1375