

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

Do not use this space.

13354

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 7002
 City Kansas City (No. St. Lukes Hosp.) St. 1085 Ward

2. FULL NAME May Mooney
 (a) Residence No. _____ St. _____ Ward Kansas City Kansas
 (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 Female 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 2-1910

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
17 | 6 | 10

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm. A. Bergman

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

12. MAIDEN NAME OF MOTHER Mary Weatherage

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

PARENTS

14. INFORMANT Wm. Bergman
 (Address) 4028 Penn

15. FILED 4-14-28 M. M. Crowe REGISTRAR
Asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1928

17. I HEREBY CERTIFY, That I attended deceased from April 12, 1928, to April 12, 1928, that I last saw her alive on April 12, 1928, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Eclampsia
14 1/2 (duration) yrs. mos. ds.
14 1/2

CONTRIBUTORY (SECONDARY) Toxemia of pregnancy
 (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) A. H. Bergman M. D.
4-14, 1928 (Address) Med. Dept. Univ. of 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 Forest Hill DATE OF BURIAL 4-14-28

20. UNDERTAKER R. V. Luskley & Sons ADDRESS City

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.

