

26 1928

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

Do not use this space.

27837

1. PLACE OF DEATH

County Linn
Township Chillicothe
City Chillicothe (No. _____)

Registration District No. 508
Primary Registration District No. 3026

File No. _____
Registered No. 92-
St. _____ Ward) _____

2. FULL NAME Michael J. Maloney

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 0 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad Lineman
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer C.M. + St. R. Railroad

9. BIRTHPLACE (CITY OR TOWN) Princeton
(STATE OR COUNTRY) New Jersey

PARENTS

10. NAME OF FATHER Michael Maloney

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

12. MAIDEN NAME OF MOTHER Mary Carney

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

14. INFORMANT Mary Maloney
(Address) Chillicothe, Mo.

15. FILED 9-3-28 Reuben Barry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 31 1928

17. I HEREBY CERTIFY, That I attended deceased from July 17, 1928, to Aug. 31, 1928, that I last saw him alive on Aug. 31, 1928, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1161-
Coronary Artery Disease
Paralysis

CONTRIBUTORY (SECONDARY) 44B

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? yes DATE OF 6-16-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Exploratory Operation

(Signed) H.M.G. Roe, M. D.

9-3, 19 (Address) Chillicothe - 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 Catholic Cemetery DATE OF BURIAL Sept 3 1928

20. UNDERTAKER Joe D. Gordon ADDRESS Chillicothe 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.

