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

Do not use this space.

11447

1. PLACE OF DEATH
County Livingston — Registration District No. 508 — File No.
Township — Primary Registration District No. 3026 — Registered No. 49
City Chillicothe (No. Chillicothe Hospital, St. Ward)

2. FULL NAME Hella I. Molloy
(a) Residence. No. Wheeling St., Ward.
(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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July-1-1917

7. AGE: Years 11 — Months 8 — Days 27 — If LESS than 1 day, ...hrs. or ...min.

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) (STATE OR COUNTRY): Livingston Co Mo

PARENTS
10. NAME OF FATHER: A.W. Molloy
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Linn Co Mo
12. MAIDEN NAME OF MOTHER: Fay Ewing
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa

14. INFORMANT: A.W. Molloy
(Address): Wheeling Mo R1

15. FILED 3/28, 1929 Reuben Barney, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): March 28 1929

17. I HEREBY CERTIFY, That I attended deceased from March 20, 1929, to March 28, 1929, that I last saw her alive on March 27, 1929, and that death occurred, on the date stated above, at 7 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Purulent Peritonitis

(duration) yrs. mos. 20 ds.

CONTRIBUTORY (SECONDARY): Ruptured Appendix

(duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Wheeling Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF March 20 1929
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation & Symptoms
(Signed) A. J. Simpson, M. D.
3/28, 1929 (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: Parson Creek Cemetery — DATE OF BURIAL: 3-29 1929

20. UNDERTAKER: F.B. Norman — ADDRESS: Chillicothe 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.

APR 26 1929

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