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

Do not use this space.

13902

85

MAY 23 1929

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 482

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Michael Maloney

(a) Residence. No. 404 Massachussetts Ave. St. Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	65	9	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Asst. Night Supt.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Swift And Co.

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT John J. Maloney
(Address) New Haven, Conn.

15. FILED APR 8 1929, 19 John G. Getz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7 1929

17. I HEREBY CERTIFY, That I attended deceased from March 30, 1929, to April 7, 1929 that I last saw him alive on April 6, 1929, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Unknown

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 404 Mass. Ave

DID AN OPERATION PRECEDE DEATH? — DATE OF

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) A R Simmons M. D.

April 8 1929 (Address) St Joseph. 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
New Haven -Conn.	April 12 1929
20. UNDERTAKER W. O. Sidenfaden	ADDRESS 1802 Union St.

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.

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...WITH UNFADING INK—THIS IS A PERMANENT RECORD