

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 23 1930

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

Do not use this space.

7827

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. Missouri Methodist Hospital St. _____ Ward _____)

File No. _____
Registered No. 374

2. FULL NAME Mary F. Mooney
(a) Residence No. 2315 So. 17th St. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jasper H. Mooney

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 1, 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 22

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) Oregon, Mo.

10. NAME OF FATHER Thomas Craig
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Oscar P. Mooney
Address Clay Center, Ks.

15. FILED 25 19 1930
REGISTRAR [Signature]

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 23, 1930 19 30
17. I HEREBY CERTIFY, That I attended deceased from Mar. 15th 1930 to Mar. 23rd 1930 that I last saw h. or alive on Mar. 22nd 1930; and that death occurred, on the date stated above, at 3.00 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar.

108
97 (duration) yrs. mos. ds. 8
CONTRIBUTORY Arterio Sclerosis
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Buchanan County Infirmary
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Albert C. Holley M. D.
Mar 24, 1930 (Address) 822 Edmond 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
Fillmore Cemetery Mar, 25, 1930
20. UNDERTAKER ADDRESS
Water Meischoffe 1302 Faraon St.

