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.

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

Do not use this space.

8982

1. PLACE OF DEATH

County Jackson — Registration District No. 392 — File No. 1362

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Kansas City General Hospital St. Ward)

2. FULL NAME Mary Francis Roney

(a) Residence. No. 3837 Indep av St., 10 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 8 – 1926

7. AGE: YEARS 3 — MONTHS 3 — DAYS 18 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(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): K. C. General Hospital

PARENTS

10. NAME OF FATHER: Henry Ellis Roney
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Goss Mo
12. MAIDEN NAME OF MOTHER: Zelma Marie Colby
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): West Union Iowa

14. INFORMANT: Zelma Roney
(Address) 2833 Holly

15. FILED 3/27, 1930 M. M. Crowe REGISTRAR Asst.

MEDICAL CERTIFICATE OF DEATH Wednesday

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 26 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at ....a.... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial, Pneumonia Primary
107A
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 100a
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Yes

3/27, 1930 (Signed) Stanley M. Hall, M. D.
(Address) Deputy Coroner

*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: Humboldt Kas — DATE OF BURIAL: 3/27 1930

20. UNDERTAKER: Eylar Funeral Home — ADDRESS: 1800 Linwood