

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

Do not use this space.

②

11339-20

File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Scott
Township _____
City Farmington, Mo. (No. _____)

Registration District No. 11587
Primary Registration District No. 4588

2. FULL NAME

Deloris Lee Mooney
(a) Residence No. _____ 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 _____ 4. COLOR OR RACE _____ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

Female white

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1930

| | | | | |
|--------|-------|----------|----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, _____ hrs. or _____ min. |
| | | <u>1</u> | <u>1</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Farmington Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Frank L. Mooney

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

12. MAIDEN NAME OF MOTHER Beatrice Swan

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

14. INFORMANT Beatrice Mooney
(Address) Illmo 11 mo.

15. FILED 3-3 1950 R. A. Barnard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/3 1950

17. I HEREBY CERTIFY, That I attended deceased from 3-2, 1950, to 3-3, 1950
that I last saw h. alive on 3-3, 1950, and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Brain thro pneumonia
107A

CONTRIBUTORY (SECONDARY) 107A
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____

(Signed) R. A. Barnard, M. D.

3-3 1950 (Address) Illmo 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 Lighter Cem Illmo Mo DATE OF BURIAL March 4 1950

20. UNDERTAKER Rippling & Hubbard ADDRESS Illmo 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.

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