

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

Do not use this space.

12834

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City No. Mercy Hosp

Registration District No. 392
Primary Registration District No. 1002

File No. _____
Registered No. 1123
St. _____ Ward) _____

2. FULL NAME

Marie Maloney
(a) Residence. No. 26th & Stark St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 20, 1930</u>		
7. AGE	YEARS	MONTHS
		DAYS
		<u>1</u>
		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)

Kansas City, Missouri

PARENTS	10. NAME OF FATHER <u>Edward Maloney</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Kansas</u>
	12. MAIDEN NAME OF MOTHER <u>Hazel Cooley</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City, Kansas</u>

14. INFORMANT Edward Maloney
(Address) 26th & Stark, K.C. Mo.

15. FILED 4/22, 30 M. M. Browne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-21 1930
17. I HEREBY CERTIFY, That I attended deceased from 4-20 1930, to 4-21 1930 that I last saw h.b.y. alive on 4-21 1930 and that death occurred, on the date stated above, at 4:20 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity (8 months)
1 day
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY)

chilling
(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? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. P. Dwyer M. D.
4/22, 1930 (Address) Mercy Hosp & Dr. DAVIS

*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 Mt. Calvary Ceme. N.E. Kans DATE OF BURIAL April 22, 1930
20. UNDERTAKER P. H. Nugent Funeral Home ADDRESS K.C. Kans.

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.

