

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

Do not use this space.

**21969**

File No. ....  
Registered No. **794** .....  
St. .... Ward)

**1. PLACE OF DEATH**

County.....**Buchanan**..... Registration District No. **85**  
Township..... Primary Registration District No. **1001**  
City...**St. Joseph**..... (No. **St. Joseph Hospital** .....

**2. FULL NAME** **Robert Maney**

(a) Residence. No. **1917 North 2nd Street** ..... 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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 10 1930**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Maney**

17. I HEREBY CERTIFY, That I attended deceased from **7-10** 19**30**, to **7-10** 19**30** that I last saw h. i. m. alive on **7-10** 19**30**, and that death occurred, on the date stated above, at **2/45 P. m.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 2, 1863**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>67</b>	<b>4</b>	<b>8</b>	

**Pneumonia Hypostatic**

**8. OCCUPATION OF DECEASED**

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

CONTRIBUTORY (SECONDARY) **few**  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)..... **St. Joseph**  
(STATE OR COUNTRY) **Missouri**

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

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**

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF.....  
WAS THERE AN AUTOPSY? .....  
WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed)..... **J. J. ...** M. D.

**July 11, 19 30** (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.

14. INFORMANT..... **William Maney**  
(Address) **1917 No. 2nd St. - St. Joseph Mo.**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Mt. Olivet Cemetery** DATE OF BURIAL **July 12 19 30**

15. FILED **7/11 1930** **John G. ...** REGISTRAR

20. UNDERTAKER **J. C. ...** ADDRESS **1802 Union St.**

CAUSE OF DEATH in plain terms, so that it may be properly classified.

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