

Walter S. ...  
State Bldg.

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

Do not use this space.

32833

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township ..... Primary Registration District No. 1002  
City Leeds (No. Leeds Hospital) St. .... Ward)

File No. ....  
Registered No. 4058  
St. .... Ward)

2. FULL NAME Mary Ellen Maloney

(a) Residence No. 3616 Wyandotte St. 5 Ward. (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) July 13 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or ..... min.  
17 2 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Student  
(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) Missouri

10. NAME OF FATHER Thomas L Maloney

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

12. MAIDEN NAME OF MOTHER Mary McGuire

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

14. INFORMANT Thomas L Maloney (Address) 3616 Wyandotte

15. FILED 10/6 1930 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/5/30 19

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1930 to Oct 5 1930 that I last saw her alive on Oct 4 1930, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
(duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) 31  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH unknown

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-ray, Laboratory  
(Signed) Walter S. ... M. D.

Oct 6, 1930 (Address) 733 North 13th Leeds Kansas City, 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  
St. Marys' Cemetery 10/7/30 19

20. UNDERTAKER ADDRESS  
Juirk & Tobin--20 W Linwood

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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