

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

Do not use this space.

35095

1. PLACE OF DEATH

County *Shannon*
Township *Alley*
City (No.)

Registration District No. *824*
Primary Registration District No. *6076*

File No.
Registered No.
St. Ward

2. FULL NAME

Mary Ann Mahoney

(a) Residence No. St. Ward.
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *C.A. Mahoney*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 14 - 1863*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Idler*
(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) *Carolina*

10. NAME OF FATHER *Benjamin Ellis*

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

12. MAIDEN NAME OF MOTHER *Caroline Sellers*

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

14. INFORMANT *C.A. Mahoney*
(Address) *Alley Mo*

15. FILED *10-9-1930* *Frank Hyde M.D.* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct-9-1930*

I HEREBY CERTIFY, That I attended deceased from *Jan 1 - 1930* to *Oct 9 - 1930* that I last saw him alive on *July 7 - 1930*, and that death occurred, on the date stated above, at *10 P* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

93C
duration yrs. *6* mos. da.

CONTRIBUTORY (SECONDARY) *NO*
duration yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

20. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) *Frank Hyde*, M. D.

10-9-1930 (Address) *Carolina 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

Alley Cemetery *10-11-1930*

20. UNDERTAKER ADDRESS

None

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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