

-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.

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

Do not use this space.

34384

1. PLACE OF BIRTH

County Jackson  
Township Rau  
City Kansas City (No. 3800 Forest Ave)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 4008  
St. 48th Ward

2. FULL NAME

(a) Residence No. 3800 Forest Ward.

Length of residence in city or town where death occurred 52 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lenora Mooney</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 30, 1866</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>2</u>
	DAYS <u>6</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	11. Total time (years) spent in this occupation <u>21</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Merchant</u>	<u>29</u>
	10. Date deceased last worked at this occupation (month and year)	<u>9/30</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Ottawa, Ill

13. NAME  
Jacob Mooney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Germany

15. MAIDEN NAME  
Hannah Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Germany

17. INFORMANT (ADDRESS)  
Dr. J. L. Mooney

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Rose Hill Cemetery

19. UNDERTAKER (ADDRESS)  
Carroll Davidson

20. FILED 10/7 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1931.

22. I HEREBY CERTIFY, That I attended deceased from 5:30, 1931, to Oct 6, 1931.

I last saw him alive on Oct 6, 1931. Death is said to have occurred on the date stated above, at 2:30 p. m.

The principal cause of death and related causes of importance were as follows:

Hypertension  
Myocarditis  
Decompensational  
See parenchyma nephritis

Date of onset  
1927  
1927  
1901  
1928

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Linking Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) B. S. Subbacher, M. D.  
(Address) Angyle Bldg.

