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

Do not use this space.

16031

File No. 18[illegible]

Registered No. [illegible]

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Kaw — Primary Registration District No. [illegible]
City: K.C. Mo. (No. Ten Hook St. Ward)

2. FULL NAME: Marjorie O'Malley
(a) Residence. No. 2410 Colledge St., 110 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

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

5a. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Divorced

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 22-1889

7. AGE: Years 43 | Months 2 | Days 9 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Bentonville
(STATE OR COUNTRY): Ark.

PARENTS
10. NAME OF FATHER: C. L. Hart
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Ark.
12. MAIDEN NAME OF MOTHER: Mrs Hart
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ark.

14. INFORMANT: Katherine Nelson
(Address): 2410 Colledge

15. FILED: 5/2, 1932 M. M. Crosby Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 1 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1930 to May 1 1932, that I last saw h. alive on May 1 1932, and that death occurred, on the date stated above, at 8:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Suicide, asphyxia

163X

163 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Stanley M. Shaw, M.D.
5/1, 1932 (Address) Rigby Corner

*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: Bentonville Ark. — DATE OF BURIAL: May 3 1932
20. UNDERTAKER: Rose & Henderson — ADDRESS: 15 [illegible]

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

Finalley
2410 Brook